

Kansas HIV Prevention Services Needs Assessment

prepared by

Brian Schrader, Ph.D.
Radostina Purvanova, M.S.
Shelby Sullivan
Jessica Harck
Noriko Watanabe

The Jones Institute
for Educational Excellence
Emporia State University

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To order a copy of this report please contact:

Terri Weast, weastter@emporia.edu
Jones Institute for Educational Excellence
1200 Commercial – Campus Box
Emporia State University
Emporia, KS. 66801
(620) 341-5372

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Executive Summary

- The Jones Institute for Educational Excellence at Emporia State University undertook a one-year Needs Assessment grant from the Kansas Department of Health and Environment and Kansas HIV Prevention Committee Planning Group that involved HIV-related agencies across the state of Kansas.
- Sixteen total focus groups were conducted involving 141 participants around the state. This was followed up with a mail-out survey to both agencies and clients. There was a response rate of 22% for agencies (N = 53) and 15% for clients (N = 182).
- The overall perception from both the focus group members and the mail survey respondents was that Kansas was doing an extremely good job in providing HIV Prevention Services around the state. Ratings of various agency characteristics and HIV Services were very high. However, more advertising, education, and training is needed across the state and there is a desire to have HIV included in sex education and health classes within the schools. Finally, the results indicated that even people who utilized HIV services were not very familiar with all the agencies and resources in their local area.
- Focus group results found that confidentiality and a professional and helpful staff to be important agency characteristics, along with having lots of information, services, supplies, and resources on hand. Advertisement and information on HIV should focus on the real consequences of risky behavior.
- Mail surveys results suggested that health clinics are the predominant type of HIV agency and devote about a third of their budget towards HIV services. These agencies have a diverse staff but more training is needed to deal with diverse populations. Of concern was a seeming lack of a coherent model or theory on which many of these services were based. The surveys also revealed particular areas where agencies could offer new services to better serve their clients such as help with legal and insurance issues, transportation assistance, and dental services.
- Information about HIV should optimally be transmitted through the health clinics by way of clinic staff, counselors, and medical staff. Use of printed literature like pamphlets and brochures was also seen as an effective medium.
- Study recommendations included generally reflected a greater need for HIV advertisements, education, training, and information. Continued support and advocacy from the state government is also needed. Proposed changes to services revolved around the need for more and better models and theories along with improved confidentiality protocols.
- Copies of all materials and instruments from the study are in the Appendices.

1. Introduction

Research History

In January 2002, the Jones Institute for Educational Excellence of Emporia State University was given a one-year grant by the Kansas Department of Health and Environment (KDHE) and the Kansas HIV Prevention Committee Planning Group (CPG). The four primary goals of this grant and the community planning process were:

- Goal 1: Conduct a Needs Assessment
Conduct an assessment of the HIV prevention needs of the Kansas state population
- Goal 2: Assemble a Resource Inventory
Assess existing community resources for HIV prevention and prepare a comprehensive listing of all HIV-related community resources available in the state of Kansas.
- Goal 3: Conduct a Gap Analysis
Using the needs assessment and resource inventory, identify met and unmet HIV prevention needs particularly in regard to high-risk state populations and determine if there are discrepancies between need and availability. Apply relevant statistics to determine where significant differences exist.
- Goal 4: Make Recommendations
Integrate current literature and theory along with the results of the first three goals to draw conclusions and make recommendations on the state of HIV Prevention Services in Kansas.

The Project Work Plan (Appendix A) identifies the overall outline of the research plan within the annual timeline. It began with through a coordination of the KDHE and CPG agencies as well as other related and appropriate agencies with extensive knowledge and resources associated with HIV/AIDS, at-risk populations, and prevention strategies. Every effort was made to utilize previous studies, reports, and processes that address HIV Prevention Services and apply that information to the develop of focus groups, data collection, data analysis, and the dissemination of the results. It was believed that the Needs Assessment report would be most successful through the joint functioning of all relevant agencies and affected groups in the form of feedback, input, and suggestions through the process.

There were deviations from the original timeline due to unforeseen delays in the beginning of the project involving the coordination of the focus groups that caused a domino effect later on. However, the final report is being turned in with an adherence to the original due date. It should also be noted that the second goal (Resource Inventory)

was later removed from the project by the CPG Evaluation Coordinator and completed by an intern. However, an extensive Resource Inventory had already been completed by our research team and was turned over to assist the intern in the development of the final Resource Inventory document.

Research Team

The professional research design team was led by the Research Director of the Jones Institute for Educational Excellence (JIEE) at Emporia State University. There were a variety of additional support staff, graduate students, and undergraduate students who assisted with data collection, data entry, and compilation of the final report. The Research Director oversaw all aspects of the research, data collection, data analysis, and project work plan. This ensured that quality control and confidentiality were maintained.

The data was entered and analyzed using the SPSS statistical software program. SPSS is an extremely powerful tool that can perform virtually any quantitative or qualitative analyses needed. All data was cleaned, coded, and double-checked for accuracy. Tables, charts, and graphs were generated as appropriate using Microsoft Word, Excel, PowerPoint, and SPSS.

Research Design (Focus Groups and Mail Out Surveys)

The primary goal of the study was to conduct the needs assessment. All other goals were essentially subservient to this main goal. In collaboration with KDHE and CPG members, it was determined that the data for the needs assessment would be collected using a combination of focus groups and a mail survey.

The first step in the process was to identify a diverse number of groups across the state that utilized the various agencies that provided HIV-related services. Input from the KDHE and CPG identified a core list of groups that were very important in obtaining information from. These included:

- HIV+ persons
- MSMs (males who have sex with males)
- IDUs (injection drug users) and other substance abusers
- Heterosexuals (especially women)
- Sex Industry workers
- Incarcerated persons
- Family, friends, and partners of HIV+ persons (informal support groups)
- At-risk Youth
- Minority Groups (primarily African American, Hispanic, and Native American)

While the CPG Evaluation Coordinator began the process of organizing these focus groups, the Research Team began to develop the Focus Group questions. Using information contained in previous Kansas HIV Prevention Services Needs Assessments as well as Needs Assessments from other states, these questions were then provided to key KDHE and CPG personnel for review and feedback. These other Needs Assessments include:

1. Kansas HIV Prevention Needs Assessment, 1995
2. HIV Prevention Strategic Plan for Federally Funded HIV Prevention Programs in Kansas, 2002
3. Needs Assessment and Needs Prioritization, Alaska, 2001
4. HIV/AIDS Needs Assessment in Montana: A Comprehensive Report, 1999
5. Needs Assessment and Prioritization of Target Populations, Iowa, 2000
6. HIV Testing Survey, Final Report, Kansas, 2000
7. Minnesota Comprehensive HIV Needs Assessment Plan 2000—2004, 1999
8. Maine HIV Prevention CPG—Statewide HIV Prevention Needs Assessment Data, 1999

The final list of 12 questions used in the focus groups is listed in Appendix B.

The next step was to create an Informed Consent document and receive Institutional Review Board (IRB) endorsement for the research while setting up a pilot group at Emporia State University (ESU). All approvals were received and the first focus group of ESU students was conducted in mid-February, 2002. The information for this first focus group is included with the other summaries and was not found to be much different than responses from later groups.

Based on the results of the pilot study, the following focus group protocol was established:

- 1) A member of the KDHE and/or CPG would always be present to initially introduce the research team to the local agency personnel and focus group members.
- 2) The purpose of the research was shared with the focus group and participating members were asked to fill out a list of basic demographics questions and sign an informed consent document. A copy of these is included in Appendix C.
- 3) The focus group members were asked if they could be audio-taped to assist in the note-taking process. All focus groups agreed to this.
- 4) The group members were then asked each of the twelve Focus Group questions, one at a time. All participants were given an opportunity to respond fully, if desired.
- 5) For the second focus group question, a handout sheet was provided to all participants that listed all of the local community agencies/services for that area.
- 6) At the end of the focus group session, participants were asked if they had any additional comments or thoughts they wanted to share about anything we had covered.
- 7) Group members were then thanked and provided with a \$20 gift certificate for their participation and dismissed.

It should be noted that the local contacts for each focus group location were extremely helpful in coordinating the participants and the session and usually provided some form of food or snack for the participants that was greatly appreciated by all.

The focus groups ended around the first of June and data was collected from a total of 16 groups. The remaining summer was spent preparing and analyzing the focus group data and beginning to prepare the mail-out survey. Again, feedback and input were solicited from KDHE and CPG members as to the content of the survey. Two surveys were eventually developed, one for the various agencies and programs that provided HIV-related services in the state and the other for the individual clients who utilized these services. To better involve minority persons, a Spanish version of the client survey was also developed.

Copies of the Agency Surveys and both English and Spanish versions of the Client Surveys can be located in Appendix D along with their respective cover letters.

The protocol for distributing the surveys was as follows:

- 1) The KDHE sent out a preliminary e-mail to notify HIV-related state agencies that a Needs Assessment survey packet would be mailed out to them soon.
- 2) A packet was mailed to each of the 240 participating agencies identified in the Resource Inventory that provided some type of HIV-related services.
- 3) Each packet contained an Agency Survey to be filled out by the agency or program director. There was also a cover letter explaining the process to the director as well as a pre-paid return envelope.
- 4) Each packet also contained five Client Surveys (4 in English, 1 in Spanish) for a total of 1200 Client Surveys across all agencies. These surveys included a cover letter written in the appropriate language and a pre-paid return envelope.
- 5) All cover letters included a return due date and information to contact the Research Team. Further, the Client Surveys included information on how participants could win a \$20 Gift Certificate if they were one of the first 25 people to respond and additionally be included in separate drawings for larger gift certificates prizes.
- 6) The agencies were asked to randomly distribute the five Client Surveys to clients who used the agency in following days.
- 7) All data was cleaned, coded, and entered into SPSS as it was received.

After the initial due date, it was determined that a sufficient number of Agency and Client Surveys had not been returned (approximately 15%). A follow-up mail-out was conducted to some additional agencies identified by the KDHE and the above protocol was repeated with a new due date.

A total of 64 agencies responded for an Agency response rate of 27%. However, eleven of the agencies had responded to indicate that they did not feel they provided a sufficient amount of HIV-related surveys to qualify for the study. As such, 53 agencies provided meaningful data for a response rate of 22%. The response rate for client surveys was 15%.

All data was then analyzed and written up. The following sections contain the results of both the focus group and mail-out surveys.

Focus Group Results

There were a total of 16 focus groups conducted that included 141 total participants. All tables below are based on a total N-size of 141.

Below is a breakdown of the location where they were held in, the total number of participants for that location, and how many focus groups were held there.

Location of Focus Groups	Total Number of Focus Group Participants	Number of Focus Groups Held There
Emporia	10	1
Wichita	29	5
Topeka	32	3
Garden City	10	1
Dodge City	8	1
Kansas City, KS.	14	2
Pittsburg	14	1
Girard	9	1
Hutchinson	15	1

Demographic Information

County of Residence (Focus Groups)

There were 28 different Kansas counties represented across the focus groups and these are listed below. Thirteen participants did not specify their county of residence.

Allen	Bourbon	Cherokee	Cloud	Coffey
Cowley	Crawford	Decatur	Douglas	Finney
Ford	Grove	Gray	Harvey	Haskell
Jackson	Johnson	Kearney	Labette	Lyon
Montgomery	Neosho	Reno	Sedgwick	Seward
Shawnee	Woodson	Wyandotte		

Gender (Focus Groups)

Gender Category	Percentage
Male	55%
Female	43%
Transgender	1%
Did not specify	1%

Age (Focus Groups)

Age Category	Percentage
Under 18 Years Old	4%
18-19 Years Old	2%
20-24 Years Old	11%
25-29 Years Old	13%
30-39 Years Old	30%
40-49 Years Old	31%
Over 49 Years Old	8%
Did not specify	1%

Religion (Focus Groups)

Religion Category	Percentage
Christian	26%
Catholic	11%
Lutheran	2%
Methodist	2%
Baptist	14%
Church of God	1%
Jehovah Witness	2%
Pentecostal	1%
Latter Day Saint	1%
Native American	3%
Buddhist	2%
Islamic	1%
Atheist	2%
Agnostic	2%
Did not specify	30%

Race (Focus Groups)

Racial Category	Percentage
African American / Black	21%
Caucasian / White	57%
Hispanic / Latino	10%
Native or Eskimo American	6%
Mixed Background	5%
Did not specify	1%

Sexual Orientation (Focus Groups)

Sexual Orientation Category	Percentage
Homosexual Male	22%
Heterosexual Male	23%
Bisexual Male	9%
Homosexual Female	4%
Heterosexual Female	39%
Bisexual Female	1%
Transsexual	1%
Did not specify	1%

Education (Focus Groups)

Education Category	Percentage
Did not graduate High School	11%
High School or Equivalent	26%
Trade or Vo-Tech School	13%
Some College (no degree)	33%
4-Year College Degree	10%
Graduate Degree	6%
Did not specify	1%

Average Monthly Household Income (Focus Groups)

Income Category	Percentage
Less than \$500/month	21%
\$500-999/month	16%
\$1000-1,999/month	21%
\$2000-2,999/month	9%
\$3000-4000/month	6%
More than \$4000/month	11%
Did not know monthly income	7%
Did not specify	9%

Current Employment Status (Focus Groups)

Employment Category	Percentage
Not working but looking	13%
Part-time (< 35 hours/week)	11%
Full-time (35+ hours/week)	24%
On disability	17%
Not working, retired	14%
Volunteer work	1%
Other	13%
Did not specify	7%

HIV/AIDS Status (Focus Groups)

HIV/AIDS Category	Percentage
Diagnosed with HIV	16%
Diagnosed with AIDS	7%
Do not have HIV or AIDS	69%
Did not specify	8%

Group Summaries

Each of the 16 focus groups had their responses to the twelve questions summarized here.

ESU Focus Group Analysis (Pilot Study)**NOTE:**

This was the first focus group conducted. It did not consist of any HIV-affected individuals or at-risk individuals, but rather college students. The purpose of having a focus group comprised of a non-targeted population was to have a basis of comparison between the knowledge level and the needs of HIV-unaffected and HIV-affected individuals. More importantly, it also served as a pilot study to make sure that the focus group process would run smoothly in the field and allow us to correct for any unforeseen circumstances.

Demographic Information

The ESU focus group consisted of 10 participants. Four of them were from Lyon county, 2 were from Shawnee, and the remaining 4 were from Johnson, Douglas, Cloud and Coffey counties respectively. Seven of the participants were female. The mean age category was 20—24 years old, with one outlier reporting being 50 years or older. Nine participants were Christian, with the majority of those being Catholic, and 1 participant reported being Agnostic. All were of Caucasian descent, and all were heterosexual. All participants were currently enrolled in college with the mean years of college education completed being 2.43. The mean monthly income category for the sample was \$1,000--\$1,999 per month. Only 1 participant reported holding a full-time job; the rest were not working (2 participants), not working but looking for a job (4 participants), or holding a part-time job (3 participants).

Qualitative Data Analysis**Knowledge of Organizations**

Familiarity with Prevention Organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The ESU students were able to name a few organizations at the national level, and more organizations/agencies at the state and the local levels, but generally their level of familiarity was low.

Effective/ineffective organizations. The students could not definitively answer the question regarding the effectiveness of the different organizations/agencies, although they had an idea of the types of services that the agencies provide, especially HIV testing

and counseling. The students agreed that the HIV-related agencies must have not been doing a good job of publicizing their services if they are that unfamiliar with so many of them.

Methods of Disseminating Information

In college. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. As far as reaching the student population, the students agreed that pamphlets and brochures available through the Student Health Center and generally in the college are the best way to get information out to them. They further agreed that they do not actively seek HIV-related information, but rather expect to be informed if something new comes about, mostly by the Student Health Center personnel.

General methods. As far as reaching the general population, the sample did not have specific suggestions about how to reach populations that do not go to college, or are very poor, or very secluded. The students had some general propositions of entities that should become more involved in the dissemination of HIV-related information, including: (1) Health Clinics, (2) employers, (3) the local media, (4) community organizations for high risk groups, (5) local bars and other places of entertainment, (6) schools starting with the 7th grade, and (7) web sites of trustworthy sources such as the HOPE Foundation. Students pointed out that there are public service commercials on TV on about every topic one could think of, but not about HIV prevention.

Best sources of information. According to our sample, the best sources of HIV prevention information are people who have HIV, as well as professionals such as nurses, doctors, and counselors. Still, HIV affected individuals were repeatedly pointed out as the most effective source of information because they “make the point hit closer to home.” Students thought that listening to HIV-affected individuals while in high school was one of the most effective HIV prevention techniques they have been exposed to. However, many mentioned that the amount of HIV prevention education in high schools has really decreased because “HIV is not new anymore.”

Stopping HIV

When asked about best ways to stop the spread of HIV, some students mentioned that there has been so much information about how to protect oneself that if one does not take advantage of that information; they are making a conscious choice not to protect themselves. Suggestions for methods of stopping the spread of HIV included (1) introducing mandatory blood testing at a certain age or periodically, (2) making HIV testing a part of the annual health screenings that women go to, (3) introducing free access to testing, or (4) maybe even going to people’s homes to test them, (5) giving out free condoms, and (6) making HIV/AIDS more of a reality.

HIV Testing

Why some don’t get tested. Students thought that the reasons high risk people don’t get tested for HIV or don’t they engage in preventative measures were (1) denial, (2) lack of concern for their own selves, (3) shame and embarrassment, and (4) social stigmatization. Further, students identified the following behaviors as helpful in protecting themselves from catching HIV: (1) using condoms, (2) knowing your partner,

(3) asking your partner and/or spouse-to-be to get tested, (4) abstaining, (5) not getting drunk, (6) using clean needles, (7) knowing your partner, (8) learning to say “no.”

Personal preference for a testing site. When asked about where they would prefer to get tested for HIV if they needed to, students pointed out several features that a testing place needs to have in order for it to be attractive to them: (1) privacy, (2) somewhere where they wouldn’t run into someone they know, (3) somewhere staffed with personnel qualified to not only give testing but provide psychological counseling and medical help, (4) a place with quick turn-around of the results, and (5) somewhere where people wouldn’t judge you.

Barriers to HIV Reduction

Next, students were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were mentioned: (1) religious blocks, (2) morality blocks, (3) decreased education in the schools, (4) parents not giving enough information to their children, (5) parents denying that HIV is a reality in their community, (6) high prices of condoms, (7) lack of knowledge about the spread of HIV locally—i.e., in one’s own state and/or community, (8) lack of information in the local media about the spread of HIV locally, (9) laid-back attitude of Americans about AIDS being a problem in places like Africa but not a “real” problem here, and (10) messages that AIDS is decreasing.

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) make doctor’s offices ask you whether you want to be tested for HIV every time you have lab work done, (2) make doctors and nurses talk about HIV prevention when they come to classes, not just STD’s prevention, (3) have a “Free HIV Testing Day” every year and make it a big deal, like the annual flu shot days, (4) have an “AIDS Awareness Day” like there is a Cancer Awareness Day, (5) find ways to get employers more involved in HIV testing and prevention efforts, (6) make it like a competition between the states, like a blood drive, so that the state can say “this percentage of our people got tested this year,” (7) introduce all free testing, (8) employ more competent staff at HIV testing and counseling centers, (9) increase the privacy of testing and counseling centers, (10) disseminate more free condoms, (11) introduce legislature to make blood testing for HIV required for a marriage license, and (12) work on decreasing the number of false positive tests. Further, students pointed out that there seems to be enough organizations that deal with HIV, but that they lack publicity, so maybe more efforts need to be concentrated on publicizing those organizations and the services they provide.

Concluding Thoughts

Lastly, students emphasized the importance of social support groups, especially the family, for HIV-affected individuals. They thought that support people themselves need to receive counseling on how to deal with having a loved one affected by HIV/AIDS, as well as training on how to help the affected family member.

Dodge City Focus Group

Demographic Analysis

The Dodge City focus group consisted of 8 participants. However, one individual chose not to complete the Demographic Survey, and therefore data is reported for 7 participants. Five of them were from Gray county and 2 were from Finney. Five of the seven were female. Six of the participants were between 20 and 29 years or older, with 1 being younger than 20. Five participants were Christian, and 2 specified they were Catholic. All were Hispanic/Latino, and all were heterosexual. Two participants reported that they did not graduate from high school, 1 reported completed high school, and the remaining 4 had 1 year of college or more. Three participants reported an average monthly income between \$1,000 and \$1,999, and 4 reported a monthly income between \$2,000 and \$2,999. Five participants held either part-time or full-time jobs, and 2 were currently not working. Lastly, none of the participants reported being diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. Generally, the level of familiarity was very low – nobody could name a single agency that deals with HIV prevention or related services. After some prompting, and after a list of agencies in Dodge City was shown to the participants, some said that they knew of the Health Department and of the Family Planning Center.

Effective/ineffective organizations. Many participants felt they could not judge the effectiveness of those organizations because they simply have never used their services. Importantly, it was pointed out that the Health Department would provide people with information *only* if asked, but would not do anything about educating the public in general.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. The group pointed out the following methods of disseminating information: (1) gatherings like the focus group itself, (2) TV announcements/advertisements, (3) mailings, (4) meetings with speakers affected by HIV at the Library, (5) radio messages because most of the Hispanic people are likely to listen to the radio and they listen both at home and at work, (6) disseminating information in bars and night clubs because that's where most people gather, (7) putting up information in public bathrooms. Participants pointed out that some churches would not allow meetings like that to happen on their premises or under their tutelage.

Personal preferences. Some participants said that they personally would not seek out information unless they become infected. Therefore, they were unable to list methods through which they personally prefer to get their HIV/AIDS information. Other

participants, however, said they like to obtain HIV-related information from TV, word-of-mouth, and one's personal physician.

Improving the HIV Prevention Message

When asked specifically what the state of Kansas or their local community can do to better communicate the HIV prevention message to them, participants pointed out the following techniques: (1) radio announcements, (2) brochures, (3) making the information available in Spanish as well, and (4) making more interpreters and/or Spanish-speaking personnel available.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, the participants' suggestions included (1) more meetings, (2) more information, (3) more involvement on the part of the church, (4) more newspaper coverage to increase awareness about how much HIV is in the area, (5) special techniques to target the Spanish-speaking population which cannot understand and/or read English, such as more radio announcements in Spanish, (6) more brochures and information provided by one's medical doctor, even if one's results come back negative, and (7) more general education on how the disease spreads, how one gets it, and how one can protect themselves.

Individual level. In terms of what individuals can do to help stop the spread of HIV, three protection methods were pointed out: (1) being aware, (2) using condoms and (3) abstinence. One person made the comment that if there is anything else out there besides condoms, then she simply has no idea what that could be.

HIV Testing

Why some don't get tested. Participants thought that the reasons why high-risk people do not get tested for HIV were (1) fear that they might actually have it, (2) denial—people simply don't want to know, (3) lack of knowledge that they should be tested, (4) lack of knowledge of the symptoms, otherwise they would get tested, (5) cost issues, and (6) lack of knowledge about where to go get tested.

Personal preferences for a testing site. When asked about where they would prefer to get tested for HIV if they needed to, participants said that they would prefer to use the United Methodist Mexican-American Ministries in Garden City but that unfortunately it has become really hard to get in there anymore—participants complained that they had left messages and nobody had called them back. The general consensus was that a local clinic like the United Methodist Mexican-American Ministries was badly needed in Dodge City. It was also pointed out that the Health Department would be a great place if they actually provided HIV-related services.

Barriers to HIV Reduction

Next, the participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were mentioned: (1) low levels of literacy among the Spanish-speaking population, (2) machismo, or the perception among Hispanic men that it is not manly for them to get tested, (3) too strong social judgment in the Hispanic culture (i.e., people might think that

a woman is fooling around if they find out she has HIV/AIDS), and (4) fear that people might find out.

Garden City Focus Group Analysis

Demographic Information

The Garden City focus group consisted of 10 participants. Four of them were from Seward county, 2 were from Decatur, and the remaining 4 were from Gove, Haskell, Ford and Kenrny counties respectively. Seven of the participants were male. Eight of the participants were 40 years or older, with the remaining 2 reporting being between 30 and 39 years old. Seven participants were Christian, and specifically 2 Catholic, 1 Methodist and 4 Baptist. The remaining 3 chose not to disclose their religion. Seven were of Caucasian descent, and 3 were Hispanic/Latino. In terms of sexual orientation, the sample consisted of 4 gay males, 1 heterosexual male and 2 heterosexual females. The remaining 2 participants chose not to disclose their sexual orientation. Only 2 participants had completed some college, only 1 had a post-graduate degree, and the remaining 7 had completed high school obtained a GED, or completed trade or vocational school. Only 2 participants reported an average monthly income of more than \$4,000. The remaining participants all made less than \$1,999 per month. The majority of the sample (7 people) was either on disability (6 participants) or not working (1 participant). The remaining 3 held either a part-time or a full-time job. Lastly, 6 participants were diagnosed with HIV, 2 had AIDS, and 1 reported not being diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. Some participants were aware of some organizations on the state level (e.g., Ryan White, Kansas University), and on the local level (e.g., the Red Cross, the WEKARE, and the United Methodist organizations).

Effective/ineffective organizations. Some indicated that the United Methodist services were very helpful because they were in Spanish. Interestingly, instead of agreeing on other helpful *organizations*, everyone kept referring to Tina, a worker at one of the agencies, as being the most helpful *person* whom they could always rely on for information. They even pointed out that the local Health Department “does little and just puts us in touch with Tina.” The bottom line was that everyone was happy with the services provided by the WEKARE program and the United Methodist Mexican-American Ministries, and they are unfamiliar with the rest of the HIV prevention organizations operating in Garden City.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. The group pointed out that information disseminated by medical doctors would probably be one very good way.

Personal preferences. Everybody was in agreement that “Tina” was his or her best source of information. When prompted to think of other methods of getting information, some participants said they had found helpful information from the Internet. Others mentioned several magazines as being very informative. Lastly, participants agreed that the public radio does a good job of providing a lot of information.

Improving the HIV Prevention Message

When asked specifically what can the state of Kansas or their local community do to better communicate the HIV prevention message to them, participants pointed out the following techniques: (1) send information out to them in the mail, (2) do mass mailings for the general public, (3) place pamphlets and brochures everywhere, (4) have more Spanish messages, (5) publish information in the newspapers, (6) provide hotlines connected to live operators, not to computers, where people can call for information, (7) invite speakers at clubs and organizations, (8) invite HIV+ individuals to do presentations at the schools, and (9) establish support groups of family and friends.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, the participants’ suggestions included (1) more education for everyone, (2) mandatory education in Middle School (although some thought that HIV education should be introduced as early as in the 3rd grade because kids experiment sexually as early as 10 years old), (3) talking to kids, (4) giving out “It Can Happen To You” types of talks, and (5) better informing people about the disease itself—where it comes from, how it spreads, etc. One person noted that there is a high rate of pregnancy in the community because “there is nothing else to do.” In that sense, finding activities for the youth seems to be a non-verbalized suggestion for HIV prevention.

Individual level. In terms what individuals can do to help stop the spread of HIV/AIDS, the participants again pointed out at education. They said that many people do not have a clue about how the disease spreads and about what to do not to get it. Some said that people still think AIDS is a disease for gay men and that those people needed to be educated that AIDS can be contracted by women and by everyone else. Another misconception that people hold is that AIDS happens in the big cities, and therefore people need to be educated that it happens in Southwestern Kansas as well. Information that the rate of AIDS is decreasing is very misleading and should not be disseminated. On the other hand, it was pointed out that there are people who know full well what can happen to them and still take no precautions.

HIV Testing

Why some don’t get tested. The participants thought that the reasons why high-risk people do not get tested for HIV were (1) fear that they might actually have it, (2) denial—people simply don’t want to know, and (3) the long waiting period might be discouraging to some.

Personal preferences for a testing site. When asked about where they would prefer to get tested for HIV if they needed to, the participants said that the most preferable method was to do it themselves. Some said that have used the Health Department for testing, but only because it was free of charge, not because they like it.

The majority again agreed that calling Tina and getting tested in her facility is also an excellent method. Further, several features that a testing place needs to have in order for it to be attractive were pointed out: (1) privacy, (2) anonymity, (3) somewhere staffed with personnel qualified to not only give testing but provide psychological counseling and medical help, (4) a personable place, and (5) in a larger city where nobody would find out.

Barrier to HIV Reduction

Next, the participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were mentioned: (1) the stigmatization by society of the people that have it, (2) fear of social judgment (many shared they have not told even their parent about their HIV/AIDS status), (3) differing racial preferences as to where you go for help, and (4) lack of support groups (it was mentioned that there was supposed to be a support group at a church but nobody went).

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) create social support groups, (2) go out and speak to the general public, (3) offer groups to go out and speak wherever they are needed or wanted, (4) appropriate more funds, (5) give more money to education, (6) provide more free/cheaper medication for people on disability with HIV, (7) make sure there are dentists available in the smaller areas because people from those areas have to travel far to get dental care, and (8) better educate doctors and nurses since some of them have refused treatment to, or are afraid to treat, HIV+ individuals.

Hutchinson Incarcerated Males Focus Group Analysis

Demographic Information

The Hutchinson Incarcerated Males focus group consisted of 15 participants, 1 of whom was from Harvey county, 1 was from Sedgwick county, 1 was from Cowley county, 1 was from Johnson county, 1 was from Reno county, 1 was from Woodson county, 1 was from Wyandotte county and 8 were out-of-state. All were male. Three of the participants were 20-24 years old, 4 were 25-29 years old, 6 were 30-39 years old, 1 was 40-49 years old, and was over 50 years of age. Eight participants did not disclose their religious orientation. Of the remaining 7, 1 identified as a member of Islam, 3 identified as Christian, 1 identified as Catholic, 1 – as Pentecostal, and 1 – as a Jehovah Witness. Seven were Caucasian, 3 were Black, 1 was Hispanic, 2 were Native American, and 2 reported being of a mixed background. All reported being heterosexual males. In terms of education, 3 had not completed high school, 5 had high school education, 2 had completed Trade school, 2 had some college education, 1 had 4-year degree, 1 had a post-graduate degree, and 1 did not report his educational level. Two participants did not report their monthly income, and 3 did not know what their monthly income was. Of the remaining 10, 3 reported making less than \$499 per month, 1 made \$500-\$999 per month, 1 made \$1,000-\$1,999 per month, 2 made \$2,000-\$2,999 per month, 1 made

\$3,000-\$3,999 per month, and 2 made over \$4,000 per month. Four participants did not work, 2 held full-time jobs, 1 were on disability, 1 volunteered, and 7 reported “Incarcerated.” Lastly, all 15 reported they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name several organizations at the local level, among which the VA Hospital, DOC, the American Red Cross, and Plasma Donations. When shown a list of HIV prevention agencies and programs in the city of Hutchinson, the participants were able to recognize the Hutchinson Correctional Facility, Reno County Community Corrections, Reno County Health Department, and the Addiction and Recovery Program.

Effective organizations. The Mental Health Center was liked because it does a good job of keeping one’s confidentiality. The VA Hospital was also liked because it provides easy access to testing, keeps confidentiality and does not ask irrelevant questions.

Ineffective organizations. On the other hand, several organizations were thought to be ineffective and not trustworthy by our sample. The Hutchinson Correctional Facility was disliked because they do not give out enough information and when clients ask questions or ask for help, they try to ignore them. Also, clients have been denied testing and they have had to go get tested at other places. The Correctional Facility was also known as a place where test results are not kept confidential. The DOC was spoken of as of a place with very negative attitudes. For instance, one participant shared that he wanted to get tested but was asked a number of very invasive and unreasonable questions which scared him off and turned him away. Lastly, the Addiction and Recovery Program was seen as not AIDS-focused.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies of disseminating information were suggested, including (1) radio, billboard and TV commercials, (2) education in the schools and libraries, (3) flyers and brochures, (4) direct mail to residential homes. When asked to evaluate the effectiveness of these sources of information, the group said that TV and radio would be very effective because people sit at home and get the information that way, without having to go ask questions and break their confidentiality. Also, TV and radio can play the information many times thus finally making it sink in people’s heads. TV documentaries were mentioned specifically as a good way to disseminate information—for instance, have a documentary on the spread of AIDS in Kansas. Seminars for schoolteachers and other people who are in the public eye were seen as important because these people would then go and spread the word to everybody else.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were

asked about their personal preferences, or what information avenues they personally use. Many said they would go to somebody who got HIV/AIDS and ask them about their situation. TV and newspapers were the preferred source of information for others because they can receive information in the privacy of their own homes.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. “Educate the old school” was what one participant said—for instance, get information to the workplaces in order to reach adult individuals. Another suggestion was to make the information more public—for example, everywhere people drive, there are signs saying, “Don’t drink and drive.” AIDS education needs to follow that – make the prevention message public in the same way. More outreach was also suggested – for instance, vans driving around and giving out needles, condoms, and information. Have lots of AIDS commercial on TV, just like the cigarettes and drugs commercials, and emphasize that there is no cure. Provide information on the prevalence of AIDS in the state, or in individual counties.

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the general public, instead of the different at-risk groups, because everybody can get HIV/AIDS, even if they do not belong to an at-risk group.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) get rid of the drugs, (2) more awareness, (3) more cooperation between the different agencies, programs, groups, etc.—make them work together, (4) fund raisers to help organizations working towards prevention, (5) show the consequences of AIDS, and (6) more TV commercials, like the TRUTH commercials.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Doing one’s part by passing out flyers, spreading information, raising the awareness of friends, was mentioned first. Being responsible, such as engaging in safe sex, knowing one’s partner, were also mentioned.

HIV Testing

Why some don’t get tested. Participants thought that high-risk people don’t get tested for HIV because they are afraid of the results, they don’t care, and they don’t want everybody to know. Also, some people might be lazy – they know that they might have to change their behavior as a result of the testing and they don’t want to do that. Lastly, some people might simply not know that they need to get tested.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the VA Hospital and the Health Department were mentioned. In general terms, a preferable testing place would be free, would specialize in HIV/AIDS testing, treatment, etc., would give clients complete comprehensive education on HIV/AIDS, would have experts available, would provide counseling services as well, would be confidential.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. Many participants said that people do what feels good, so there is nothing that anybody could do – if people feel good using drugs, they'll keep on using them regardless of what others tell them to do. However, others were more optimistic and thought that continued education and more awareness might help some, even if only one person out of a group changes their behaviors. Showing the real face of AIDS was given as an example of one way to help people change their behaviors.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. Money was seen as a barrier—some people do not have the money to pay for treatments, for instance. Socioeconomic status was seen as a barrier – the lack of job, the low incomes, make people feel bad so they go to using drugs to help themselves feel good. The free giving out of needles, although it promotes safe drug usage, may be a barrier to HIV reduction because it may actually encourage people to use more drugs. The government was seen as a barrier – it does not help people get rehabilitated, instead it puts people back in jail.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) make testing more accessible to people, (2) make testing cheaper, (3) put more money and create more programs to educate people, and (4) put more money into research of the treatment of HIV/AIDS.

Kansas City MSM Focus Group Analysis

Demographic Information

The Kansas City—MSM focus group consisted of 6 participants, 5 of whom were from Johnson county Kansas, and one was from the state of Missouri. All were male. The ages of the participants varied – 1 was 25-29 years old, 1 was 30-39 years old, 3 were 40-49 years old, and 1 was over 50 years of age. All participants identified as Christian. All were Caucasian. Five identified as gay male, and 1 – as a bisexual male. The sample was highly educated – 4 held a four-year degree and 2 held post-graduate degrees. Two participants chose not to disclose their income, employment status, and HIV/AIDS status. Of the remaining 4, 1 reported making \$1,000-\$1,999 per month and 3 made over \$4,000 per month. One participant held a part-time job, and 3 had full-time jobs. Lastly, all 4 reported they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal,

state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name quite a few organizations at the local level, among which the CDC, the KDHE, the Hope Care Center, the Good Samaritan Project, the KU Medical Clinic, and the KC Free Health Clinic. Further, the participants were able to recognize many more organizations from a list of HIV Prevention Agencies in Johnson and the surrounding counties distributed to them. Therefore, the overall knowledge level of organizations working towards HIV prevention was good. However, several participants shared that there were too many organizations in the area, and that a smarter idea would be to have fewer, but bigger, more visible organizations, which would save money. Some stated that many of the organizations listed do not do any actual prevention work, but simply have brochures in their lobbies, which nobody picks up. The ideal number was 3 to 4 organizations per location, maybe a few more in the more populated areas of the state.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The KC Free Health Clinic was spoken of highly – participants shared they appreciated the Clinic’s efforts never to turn away clients and never to charge for services even if a client does not live in the county. The Good Samaritan Project was viewed as having the potential to “do better if they worked on trust issues.” A similar comment was made regarding the Johnson County Health Department—according to the sample, the department needs to work on confidentiality and anonymity issues, and on the lack of trust. The Samuel U. Rogers Health Center was mentioned as a successful outreach program for the African American community. Lastly, SAFEHOME Inc. was said to have a good housing program for the AIDS-affected in Missouri, and that Kansas should have a program like that as well.

Ineffective organizations. On the other hand, several organizations were thought to be ineffective and not trustworthy by our sample. Specifically, the American Red Cross was cited as an organization historically known to distribute AIDS by not testing donated blood, and therefore was seen as a not trustworthy entity. Also, the Salvation Army was seen as an ineffective organization because of their religious bias and negative views of the AIDS-affected and the gay community. Some participants thought that an organization couldn’t claim to be helping the AIDS-sufferers given that a huge majority of those individuals are gay. It should be pointed out, however, that other participants spoke well of these same organizations.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. The Internet was mentioned as a convenient way to get HIV/AIDS information, but participants thought it needed to be considered that some people do not have access to the Internet, or do not have interest in getting HIV-related information from computers. Family doctors were the next best way to disseminate HIV information according to our sample. Participants thought that it was necessary for the personal physicians to display pamphlets and brochures in their offices because most everyone gets an annual check-up. Community events were mentioned next as an effective method of disseminating HIV information. Specifically, several strategies were suggested: (1) have speakers at community events, (2) do community outreach, (3) have booths at community centers and fairs, and (4)

increase the representativeness of KDHE at community events, such as the Pride Festival in Topeka or Lawrence. More education in the schools, starting with Middle School, was seen as an important prevention tool. The creation of statewide toll free numbers to discuss AIDS was suggested, with live operators if possible. Public service announcements broadcast on radio and TV were also seen as an effective prevention tool. It was suggested that toll free numbers and HIV services be more advertised in those public service announcements. Lastly, participants were expressed concern that not enough information reaches certain minority populations and that they are victims of genocide because of their lack of knowledge. Therefore, more efforts should be concentrated in reaching those underprivileged populations.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. The Internet and one's personal physician were again pointed out as most trustworthy or convenient to use. The County Health Departments were some participants' preferred choice of getting information. Also HIV/AIDS specials on TV (such as 60 Minutes and Dateline specials) were cited as being very effective. Some said they like to obtain information from newspapers and magazines. Lastly, obtaining information from personal friends was mentioned.

Improving the HIV Prevention Message Communication

The group also discussed ways to better communicate the HIV prevention message. "What message?" was the reply of some participants. They thought that Kansas does not do a good job of having enough AIDS/HIV prevention messages. Further, the group agreed that the information that testing anonymous conveyed through some messages is very misleading. Suggestions of how to improve the message therefore included: (1) be truthful about what information is provided, (2) have messages that encourage acceptance and stop to the AIDS discrimination, (3) start with the young, (4) make more use of student media (i.e., PBS), (5) have more ads but customize them to the needs of the different groups, have people with AIDS deliver speeches at churches and schools. The group thought that focusing the prevention message at the general public, as opposed to at different at-risk groups, made more sense because the general public includes everyone, and everyone is at risk.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants agreed on the importance of involving the State of Kansas leadership in the HIV prevention efforts—many were not happy with the lack of involvement of the Kansas Governor, for instance, in issues related to AIDS and HIV. Continued education was seen as a definite must. It was suggested that the KDHE partners with leaders of different community at-risk groups and educates them about how AIDS spreads and could be prevented. Also, educating the heterosexuals was seen as important because they also get affected. Introducing events such as an AIDS Awareness Day, an AIDS Walk, an AIDS Quilt, were all seen as good methods of stopping the spread of HIV for they would make the problem more visible. Lastly, distributing free condoms—at schools,

nightclubs, etc.—was suggested, although some were concerned that sometimes the free condoms that are distributed have expired and are actually dangerous to use.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Being responsible was seen as the most important thing—and this included letting others know one’s condition, getting tested, being open and honest, being accountable for one’s actions. Other things individuals could do according to the group were (1) educating oneself about HIV/AIDS, how it spreads and how one can protect themselves and others, and (2) staying sober and/or off of drugs for alcohol and drugs clouds one’s judgment.

HIV Testing

Why some don’t get tested. Participants thought that one of the reasons high risk people don’t get tested for HIV is fear—fear of finding out that they do have HIV/AIDS, fear of being documented as HIV/AIDS positive and losing access to medical insurance as a result, fear of losing one’s friends, and fear of losing one’s job. Not wanting to give up sex and not caring for one’s personal condition were mentioned next. Also, the perception of testing as of a hassle, or as of a time-consuming endeavor, was said to prevent some people from getting tested. One participant said that it is a criminal offense in Kansas to give HIV/AIDS to another individual, and therefore if one doesn’t know he/she is positive, then he/she cannot be sued. Lastly, it was stated that those that do get tested tend to be more responsible individuals, and therefore it takes certain personality traits (i.e., a sense of responsibility) to motivate one to go get tested.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the KC Free Health Clinic was mentioned as a site of choice—it was seen as confidential, professional, sensitive and anonymous. Opinions were split on whether the services of a personal physician should be used. Some thought they would get the best care from their personal physician, plus the insurance would help cover the expense. Others disagreed saying that your information becomes public knowledge, and that the insurance companies will find out whether you have it. Generally, the group agreed that confidentiality is a BIG problem in Kansas and that there is no such thing as anonymous testing in this state. For this reason, some participants said that they prefer using self-testing kits.

Barriers to HIV Reduction

Next, participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. Religion was seen as one of the barriers – first, people associate having AIDS with immorality and stop caring for the AIDS-sufferers, and, second, some religions (i.e., Roman Catholic) teach that using condoms is wrong. The sense of “machismo” among the African American men was seen as a barrier in this cultural group—this prevents those men from getting tested and/or from seeking treatment. Homosexuality being denied in the Hispanic community was seen as a barrier for the Hispanic population.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) providing and

promoting absolutely anonymous testing, (2) making discrimination by employers and/or insurance companies against HIV/AIDS-affected individuals a very serious crime, (3) taking away the stigma of being positive, (4) providing more education in the schools, (5) making a greater effort to connect with the community, (6) building community centers for the different at-risk groups where they could congregate and receive moral support, (7) consolidating the HIV prevention organizations to 3-4 per county, and (8) concentrating more efforts to help the at-risk populations in Western Kansas.

Kansas City MSM of Color Focus Group Analysis

Demographic Information

This Kansas City focus group consisted of 8 participants, 4 of who were from Jackson county Kansas, and 4 were from Wyandotte county. All but one was male. The ages of the participants varied – 2 were 13-19 years old, 2 were 20-24 years old, 2 were 30-39 years old, and 2 were 40-49 years old. Four participants identified as Christian, 2 identified as Baptist, and 2 did not report their religious orientation. Seven were African American, and 1 reported being of a mixed background. One identified as a heterosexual female, 4 identified as gay male, and 3 – as bisexual male. One participant had completed high school only, 1 had completed Trade School, 3 had some college education, 2 held a four-year degree, and 1 held a post-graduate degree. One participant did not know their income, 1 reported making \$500-\$999 per month, 2 made \$2,000-\$2,999 per month, 2 made \$3,000-\$3,999 per month, and 1 made over \$4,000 per month. One participant did not report their employment status, 6 held full-time jobs, and 1 volunteered. Lastly, 5 reported they were not diagnosed with either HIV or AIDS, 1 reported being HIV+, and 2 reported having AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name quite a few organizations at the local level, among which the KC Free Health Clinic, the Good Samaritan Project, the African-American AIDS Project, Ryan White, the VA Hospital, the KC Health Department, the Research Medical Center, Move-Up, the Egypt Project, Project Power, Black Church Week of Prayer, the Information Planning Group, the Johnson County Health Department, and Restoration Services. Further, the participants were able to recognize some more organizations from a list of HIV Prevention Agencies in Johnson and the surrounding counties distributed to them, among which the American Red Cross, Kansas City AIDS Research Consortium, YMCA, the Native American AIDS Project, SAVEHOME, Inc, and the Samuel U. Rogers Health Center. Therefore, the overall knowledge level of organizations working towards HIV prevention was good.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The Good Samaritan Project was spoken of highly – participants said they have established a good reputation since their creation in 1985 of reaching anyone—older, younger and in-between. The

Kansas Multicultural Alcohol and Drug Treatment's Basilica Project was mentioned next as a successful program—it provides information, testing, and many services for the African Americans. The Harvest America Corporation was spoken of as a well-known Latino-oriented organization. The Heart of America Family Services were said to be finally reaching out to community-based prevention programs. Lastly, the Samuel U. Rogers Health Center was mentioned as a successful outreach program providing a variety of services for different at-risk communities.

Ineffective organizations. On the other hand, several organizations were thought to be ineffective and not trustworthy by our sample. Specifically, the Good Samaritan Project was disliked by some because “they don't focus enough on the youth.” Further, one participant complained that services have been denied to him because he has a job and an income. The KC Free Health Clinic was mentioned next as an organization, which receives money for working with communities of color but does not actually spend enough time and effort working with those communities. Participants thought the KC Free Health Clinic needed to do more outreach, to spend more time focusing on the 13 to 25 age group, and to generally improve its attitude and not be so “cold.”

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several methods were suggested, among which (1) post information on the Internet, (2) publish HIV-related magazines and newsletters, (3) create more 800 numbers and more hotlines, (4) put up more billboards, (5) get together people in focus groups to discuss issues, (6) have more seminars and workshops to educate interested individuals, (7) involve the doctor's offices more, (8) send written information to people, and (9) work information into the pop culture—for instance, have HIV-related scenes in soap operas.

Effectiveness of methods. In terms of which methods were thought to be most effective, the group had the following insights: (1) TV and newsletters can be effective because they can present information in the language of the community, (2) word-of-mouth is effective because it is perceived as very trustworthy, (3) social events, such as concerts, community centers, fests, can be effective because many people can be reached through those, (4) information published in the phone book can be effective because everybody goes to the yellow pages. Further, it was mentioned that a universal approach to presenting information will not work – the approach needs to be tailored. Lastly, putting up information in predominantly “white” places, such as Johnson County, does not help the other underprivileged communities, and is not an effective method of getting information out to everyone.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. The Internet was pointed out as preferred method of obtaining information, but it was said that there aren't enough web sites to go to. Many participants said they liked to read magazines because they normally have a lot of information on treatment. Talking to groups and getting information that way was a preferred method for some participants.

Improving the HIV Prevention Message Communication

Suggested techniques. The group also discussed ways to better communicate the HIV prevention message. Many participants agreed that in the beginning of the AIDS epidemic, AIDS was portrayed in its real terms whereas now there are restrictions on what can be shown. As a result, the information provided nowadays about AIDS is not as graphic and as visual, which is bad because it seems as if AIDS is not a disease to be taken seriously. So, the participants thought that the information needs to be presented bluntly, but with vocabulary that can be understood. Also, more money needs to go into advertising and media so that the information reaches a wider audience. In terms of the Prevention Message reaching the youth in particular, it was suggested that information could be presented in the form of a game so that the youth be kept entertained in order for them not to lose interest.

General public versus at-risk groups. The group thought that focusing the prevention message at different at-risk groups, as opposed to at the general public, made more sense because that way information can be geared towards specific cultures.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants agreed on the importance of education starting with the middle school level—not only education about the disease itself, however, but also education about people’s sexuality. Further, involving employers in provide HIV-related education was also suggested. Some said that the educators themselves need to be educated because some of them give out wrong or even biased information. In terms of health care, participants thought that everyone should have access to preventative health care annually. Setting up a needle-exchange program was also suggested. Lastly, free condom distribution was proposed but many participants pointed out besides being given free condoms, people also need to be educated on how to actually use the condoms and lubricants.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Being responsible was seen as the most important thing—and this included accepting responsibility for one’s actions, wearing a condom, abstaining from sex, learning more about one’s partner, and asking the question “Do you have it?” Also, volunteering at a health clinic was seen as another way for individuals to help with the spread of HIV.

HIV Testing

Why some don’t get tested. Participants thought that one of the reasons high risk people don’t get tested for HIV is fear—fear of finding out the truth, fear of the reactions of family and friends, fear of losing one’s job, fear of lowering one’s self-esteem, and fear of the unknown. Also, not having the resources to deal with the diagnosis might stop some from getting tested.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the African American AIDS Project was mentioned as a site of choice—participants thought that for them, as African Americans, it was more comfortable to go to a place where the personnel is more

like them. The Basilica Project was also mentioned as a place of choice because of the good quality of service and because “they come to you.” On the other hand, a place that is very clearly marked as an HIV testing site was given as an example of a not-preferable site, such as the KC Free Health Clinic—“you don’t want people to know what you are walking into.” In general, a testing place was seen as recommendable if it was anonymous and enjoyed a good location.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. Providing one-on-one education, sharing personal stories, connecting to the person were all mentioned as potentially successful ways to change one’s behavior. Some thought that if more information was provided about the actual prevalence of HIV people might start thinking about the disease more seriously. In the same vein of thought, information about medications for the treatment of HIV do not help—people start taking the disease less seriously. Lastly, participants thought that in order for people to change, society itself must change. For instance, safe sex needs to be preached in the melodramas, actors need to be shown using condoms, for instance. Also, it is OK to show the success stories but people also need to see how ugly it is to die.

Barriers to HIV Reduction

Next, participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. Pop culture was seen as a barrier—rap and hip-hop music talks about 5-6 guys having sex with one girl, TV soap operas and shows do not show people using condoms. Further, there aren’t any commercial with people of color. Not talking openly about sex in this society was also seen as a barrier. Lastly, the health care system not being trusted by people was given as an example of a barrier.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) give more attention to the at-risk groups that are really in need, give them more money, (2) send money more reasonably—there is too much administrative overhead, too many personnel employed at the different agencies, (3) look more closely at how the money is distributed to the agencies in terms of how many agencies which specialize in a certain thing are in a certain area, (4) have a better way of accountability of the agencies that receive money since some say that they will be working with different at-risk populations but actually do not, and (5) find ways to get the community more involved. Lastly, the comment was made that, specifically for Kansas City, the idea that money need to be distributed according to geographical area is foolish. For instance, KC-MO has better infrastructure and KCK people want to use services in KC-MO. This does not work very well because, first of all, people who live in KCK get denied higher quality services because of where they live, and, second of all, when both KCK and KC-MO residents use the services of KC-MO agencies, the resources of the KC-MO agencies get used up.

Girard IDU Focus Group Analysis

Demographic Information

The Girard Intravenous Drug Use focus group consisted of 9 participants, 5 of whom were from Crawford county, 1 was from Neosho county, 1 was from Montgomery county, 1 was from Woodson county, and 1 did not report his/her county of residence. Two were male. One of the participants was 20-24 years old, 4 were 25-29 years old, 3 were 30-39 years old, 1 was 40-49 years old, and 1 was over 50 years of age. Three participants identified as Christian, 4 identified as Baptist, 1 was identified as Pentecostal, and 1 did not report his/her religion. Seven were Caucasian and 2 were African American. All identified as heterosexual. In terms of education, 3 had not completed high school, 4 had completed high school, and 2 had some college education. One participant did not know their monthly income, 3 reported making less than \$499 per month, 1 made \$500-\$999 per month, 2 made \$2,000-\$2,999 per month, and 1 made \$3,000-\$3,999 per month. Three participants was not working, 2 held part-time jobs, 2 held full-time jobs, and 1 was on disability. Lastly, all 9 reported they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name several organizations at the local level – the Topeka AIDS Project, Ryan White, the AIDS Resource Network of Southeast Kansas (ARNOSK) and the United Methodist Ministries. Therefore, the overall knowledge level of organizations working towards HIV prevention was generally good. When shown a list of HIV prevention agencies and programs in the city of Pittsburg, the participants made the comment that they thought that the Crawford County Family Planning and the Crawford County Health and Family Services were one and the same organization, and that there used to be a support group there that dissolved for unknown reasons.

Effective organizations. ARNOSK was given an as example of an effective organization by some because it made its client feel comfortable and had a variety of helpful programs. Others said that Dr. Suit and Dr. Mel from Mt. Carmel Medical Center were really helpful, and they they would go to Mt. Carmel first.

Ineffective organizations. Just as some participant thought well of ARNOSK, others did not – they said that ARNOSK needs to do a better job of publicizing its services. Also, some participants were not satisfied with Mt. Carmel Medical Center. In particular, one participant told a story of how he had a bad experience at Mt. Carmel once, reported it to the Administration of the Center, and yet never heard back from them. Also, it was mentioned that ARNOSK and Mt. Carmel both need to do a better job of working together and coordinating their efforts. Lastly, some participants stated that they were unfamiliar with these organizations, and therefore did not have an opinion on their effectiveness/ineffectiveness.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. The focus group participants had only two insights: (1) word-of-mouth is the most effective and believable methods, and (2) parents should talk straight to their kids. When asked to evaluate the effectiveness of some of the existing methods of disseminating information, (i.e., TV, radio, Internet, brochures, etc.), the group said that local agencies need to advertise their services more on TV since this is an effective method of letting the public know what is available. However, others had quite negative opinions about the media – they thought it was bad and biased.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Some said they would prefer obtaining information from a hotline or an 800 number, others said they liked using the Internet, and still others preferred reading HIV-related magazines and brochures. Some mentioned that their personal physicians are also a preferred source of HIV-related information.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The group agreed on the importance of involving people that have contracted HIV/AIDS in the communication process, and specifically having outreach speakers (especially people with HIV/AIDS) go and speak in the high schools. Also, one participant stated she was from a small town and to her even using the word AIDS was an achievement—in other words, the public needs to become more open about the disease. In the same vein of thought, other participants suggested putting up billboards with HIV-related information so that everybody is exposed to it. The group also thought that providing local statistics about the spread of HIV/AIDS locally was important because otherwise people become comfortable and start thinking that this is not, and could not become, their problem. Lastly, providing people with information on where they could go if they wanted help was seen as an important prevention technique.

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the general public, instead of the different at-risk groups, because, according to the group, the general public in Pittsburgh still thought that heterosexual people are immune to the disease. Thus, targeting the Prevention message at the general public would include everyone and hopefully dissolve this myth.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) conduct public outreach in the schools and in general, (2) distribute free condoms, (3) be very straight forward when presenting HIV/AIDS information, (4) get the parent more involved in the HIV/AIDS education of their children, and (5) find ways to get the churches more involved in the Prevention effort.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Being responsible was the major theme of the participants' thoughts, and this included (1) letting others know you have HIV/AIDS, (2) educating self more about the disease, (3) educating others about it, or spreading the word, and (4) doing outreach.

HIV Testing

Why some don't get tested. Participants thought that some of the reasons high-risk people don't get tested for HIV are fear, not wanting to know, and simply not wanting to be responsible for their own actions. Fear of the negative attitudes of others might also prevent some from getting tested – they don't want to risk everyone finding out they have HIV. Others thought that there were not enough friendly places where one could go get tested, or that there often are confidentiality concerns which prevented people from getting tested. Lastly, sometimes the cost associated with testing can act as a barrier for people to get tested.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, ARNOSK and Mt. Carmel were mentioned. Both were thought to be places where the staff is experienced, one's privacy is preserved, the doctors are friendly and talk to clients, and the accessibility to both places at convenient for the clients' times is good.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. Providing more education, and showing people what actually happens with people affected with HIV, was mentioned as one way to help change risky behaviors. Getting the media more involved was also discussed – participants said that people do not see much about HIV/AIDS on TV anymore and so they think that the problem has gone away. Also, news about different successful medications are also giving people the wrong perceptions that the disease is treatable and not that serious anymore. However, the group agreed that regardless of all the education, media involvement, etc., if people themselves do not want to change their risky behavior, nothing could really make them change.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The group was unable to come up with any significant barriers.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) more advertisements need to be made and these need to be very straightforward in nature (providing real consequences and outcomes of risky behavior, primarily targeting younger adults, (2) get HIV and AIDS information into the sex education classes, and (3) be willing to provide additional funding for more advertisements, information, and better clinics around the state.

Topeka Youth-At-Risk Focus Group Analysis

Demographic Information

The Topeka— Youth-At-Risk focus group consisted of 4 participants all of whom were from Shawnee county. Three were female. Three of the participants were 13-19 years old, and 1 was 20-24 years old. Two participants identified as Christian, 1 identified as an Atheist, and 1 did not report his/her religion. Three were Caucasian and 1 was Native American. One identified as a bisexual male, 2 reported being lesbian female, and 1 was a heterosexual female. In terms of education, 1 was currently in 11th grade, and 3 were high school graduates with some college education. Two participants did not know their monthly income, 1 reported making less than \$499 per month, and 1 made \$1,000-\$1,999 per month. One participant was not working, 1 was not working but looking for work, and 2 held part-time jobs. Lastly, all 4 reported they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name only two organizations at the local level – the Topeka AIDS Project and the American Red Cross. Therefore, the overall knowledge level of organizations working towards HIV prevention very low. When shown a list of HIV prevention agencies and programs in the city of Topeka, the teenagers were able to recognize the St. Francis Hospital and Medical Center--CD Treatment Services, the Forbes Juvenile Detention Center, the Shawnee County Community Corrections, the Topeka Correctional Facility, and the Shawnee County Health Department as organizations working towards HIV prevention.

Effective/ineffective organizations. Because of the low level of familiarity with the different organizations, the focus group participants were only able to say that they considered the Topeka AIDS Project to be an effective and helpful organization because it made them feel comfortable. They could not give examples of ineffective or not trustworthy organizations because they had no knowledge of other organizations to begin with.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies of disseminating information were suggested, including (1) more information in the schools, (2) making information available in the libraries, (3) broadcasting message on the radio and on TV, and (4) putting information on the Internet. When asked to evaluate the effectiveness of these sources of information, the group said that those sources can be effective only if people know about them. In other words, if people are not aware that a certain place provides HIV-related information, they will not use it and thus it will not be an effective source of information.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Some said they would prefer obtaining information from a hotline, while others thought that mass mailings work best for them.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The group agreed on the importance of involving people that have contracted HIV/AIDS in the communication process. This was referred to as “The Scare Tactics” – show others what AIDS sufferers are going through, show them the real consequences. Also, the group agreed on the importance of making the topic less taboo so that people can talk more freely about it and receive more information about it. In other words, the group thought that the message should be “more out in the open.”

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the general public, instead of the different at-risk groups, because everybody can get HIV/AIDS, even if they do not belong to an at-risk group.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) increase awareness about the disease through even more education, (2) hand out condoms in the schools because so many students are sexually active, and (3) introduce needle exchange programs.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Abstaining from sex was seen as one method of helping to stop the spread of the disease. Also, using personal protections, such as using condoms, getting to know your partner, and even asking your partner whether they have HIV/AIDS, were all mentioned as good ways to protect oneself and therefore others.

HIV Testing

Why some don't get tested. Participants thought that some of the reasons high risk people don't get tested for HIV are denial, not caring for one's condition, and simply not wanting to find out. Fear of the negative stigma attached to people who have it might also prevent some from getting tested – they don't want to risk finding out they do have HIV and to face the negative reactions of others as a consequence. Lastly, some individuals simply do not know of facilities that provide testing, otherwise they might decide to use them.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the St. Francis Hospital, one's personal physician, the Health Department, and the Topeka AIDS Project were all mentioned as places of the participants' personal choice. St. Francis Hospital was thought of as a place that is clean and where one can get reliable medical help. One's personal physician was a preferred choice because of the trust that exists between patients and

doctors. The Health Department was thought to be a small place that could keep one's situation confidential and where one is not likely to run into someone they know. Lastly, the Topeka AIDS Project was considered to be a good place because of how they are able to keep one's anonymity.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. The group agreed that in general, people cannot be stopped from engaging in certain behaviors unless they themselves want to stop. Therefore, what can be done is just provide information on where and how to get help should people decide they want to change their behavior. But also it was reiterated that some individuals simply do not know where to go for help, otherwise they would seek assistance, so again, letting the public know what resources are available might be a way to encourage people to change their risky behaviors.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The lack of alternatives—for instance, lack of activities to engage in, or lack of a different crowd to hang out with—was seen as a barrier to the changing of risky behaviors and, subsequently, to the reduction of HIV. Also, the moral and religious stigma attached to individuals with the disease was cited as another barrier to the disease reduction.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) prioritize and spend money toward HIV reduction instead of wasting them on less important projects such as building the Sports Complex, (2) spend more money on educational programs in the schools, and (3) create projects, such as the Topeka AIDS Project, in smaller towns so that people there could also benefit from HIV prevention services.

Topeka Women-At-Risk Focus Group Analysis

Demographic Information

The Topeka Women-At-Risk focus group consisted of 17 participants 9 of whom were from Shawnee county, 2 were from Wyandotte county, 4 were from Sedgwick county, and 2 were from Douglas county. All were female. One of the participants was 25-29 years old, 9 were 30-39 years old, 6 were 40-49 years old, and one was over 50 years of age. Six participants did not report their religious background. Of the remaining 11 participants, 4 identified as Christian, 1 identified as A Jehovah Witness, 3 were Baptist, 1 was Latter-Day-Saint, 1 was a Native American, and 1 was Catholic. Five were African American, 10 were Caucasian, 1 was Native American, and 1 reported Mixed Background. Twelve identified as heterosexual females, 3 reported being lesbian female, and 2 were bisexual females. In terms of education, 4 had not completed high school, 4 had completed high schools, 3 had completed Trade School, 4 had some college

education, 1 had a 4-year degree, and 1 had a post-graduate degree. One participant did not know their monthly income, 6 reported making less than \$499 per month, 3 made \$500-\$999 per month, 1 made \$1,000-\$1,999 per month, 1 made \$2,000-\$2,999 per month, 1 made \$3,000-\$3,999 per month, and 2 made over \$4,000 per month. Four participants were not working, 4 held full-time jobs, 2 were on disability, 1 was not working but looking for work, and 3 were occupied with “Other” activities. Lastly, 15 reported they were not diagnosed with either HIV or AIDS, 1 reported being HIV+, and 1 participant chose not to disclose her HIV/AIDS status.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name several organizations at the local level, among which the Shawnee County Health Department, the Salvation Army, Connect Care, the American Red Cross, St. Francis Hospital and Medical Center, New Beginnings, Washburn University Health Center. Several physicians were also named – Dr. Suit, Dr. Evans and Dr. Jones. Therefore, the overall knowledge level of organizations working towards HIV prevention was very good. When shown a list of HIV prevention agencies and programs in the city of Topeka, the participants were able to recognize Mainstream Inc., the Forbes Juvenile Detention Center, the Kansas Department of Social and Rehabilitation Services, and the Kansas Public Health Association. Indeed, many participants stated that they were familiar with pretty much all of the agencies listed, with the exception of Dorch Counseling Services, the Clarence M. Kelly Detention Center and Stardusters Crime Prevention, Inc.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The Topeka AIDS Project was spoken of highly—it is at a convenient location, the doctors come in regularly, talk to clients, and make sure that clients get the medical help they need. Also, they are seen as very active in the outreach they do – they send educators to conduct different education programs, they make an effort to contact the client. St. Francis Hospital was said to have very supportive, professional and helpful staff that would help not just with HIV issues, and very proactive doctors. The Red Cross was mentioned as a good organization because it provided different training opportunities and workshops to interested people.

Ineffective organizations. On the other hand, several organizations were thought to be ineffective and not trustworthy by our sample. The Topeka Correctional Facility was seen as quite ineffective because they have not provided testing to a number of individuals even those individuals fit the criteria. One participant even mentioned that if it weren’t for the Topeka AIDS Project, she would not have received the testing she needed. Also, the Topeka Public Schools were seen as homophobic, the State Board of Education was seen as not doing enough themselves, and the SRS was seen as not helpful.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies of disseminating information were suggested, including (1) brochures and pamphlets, (2) newspapers and magazines, (3) Internet web sites, (4) radio, billboard and TV commercials, (5) health classes, and (6) distribution of condoms and needles together with information on how to use the condoms/clean the needles. When asked to evaluate the effectiveness of these sources of information, the group said that word-of-mouth was the most believable way to acquire information. However, flyers, early education in the schools, showing kids things that might shock them, and involving HIV sufferers in the spread of HIV information were mentioned as effective ways to disseminate information.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. The only comment made was that reading books was quite helpful to one participant.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The group agreed on the importance using “The Scare Tactics” – show others what AIDS is really about. Commercial that grab the attention of people were mentioned next—for instance, it was said that the anti-smoking campaigns are much more effective than the AIDS campaigns. Further, the group agreed on the importance of disseminating information about the prevalence of HIV locally. Also, it was suggested that there needed to be a clearer linkage between unsafe behaviors and AIDS, for instance the relation between using drugs and acquiring AIDS. Lastly, many participants expressed their disappointment that currently there aren’t any Prevention messages out there.

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the general public, instead of the different at-risk groups, because everybody can get HIV/AIDS, even if they do not belong to an at-risk group, yet everybody falsely thinks it can’t happen to them.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) introduce needle exchange programs, (2) do more public outreach, (3) provide education on condom usage and link the condom distribution efforts with HIV prevention, (4) provide more testing facilities, for instance, put up testing facilities in the mall, (5) provide quicker ways for people to get their results, such as calling a number, (6) make testing easier/more convenient (swabbing was one suggestion), and (7) have AIDS Block Parties in a relaxed social setting where it would be easier to learn.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Knowing your partner was pointed out as an important personal protection, as was using protection while having sex. Also, not using drugs was mentioned as well. Lastly, talking to people about your situation and

about AIDS was seen as a good way to contribute to the stop of HIV/AIDS on the individual level.

HIV Testing

Why some don't get tested. Participants thought that one reason high risk people don't get tested for HIV fear of how the community will judge them, and fear of finding out they might have it. Others thought that people don't get tested because they know that depending on the result, they might have to change their lifestyles and they do not want to do that. Also, some people think it cannot happen to them, and therefore see no reason to get tested. Lastly, some individuals simply do not know of facilities that provide testing, otherwise they might decide to use them.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the Topeka AIDS Project and the Shawnee County Health Department were mentioned as places of the participants' personal choice. In general, though, participants said that a place needed to be confidential, non-judgmental, cheap or even free in order for it to be considered a good and recommendable testing place.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. The group agreed that providing more education about HIV/AIDS and making the topic less taboo might help. Also, using the "scare tactics," or giving people the real consequences of having HIV/AIDS was seen as a way to help change people's behaviors.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. Not having enough providers of testing was seen as barrier because people do not have easy access to a potentially life-saving service. The attitudes of some parents who do not want sex education in the schools was mentioned as another barrier—participants said they would rather have their kids learn about sex from school than from the street. The ignorance of many heterosexuals who think that AIDS is a homosexual disease was also given as a barrier. Some neighborhoods were said to a barrier in themselves – outreach workers do not want to go to certain neighborhood, or the people living there are so low income, low education, "low everything," that they simply do not care about AIDS. Negative attitudes from doctors were seen as a barrier—they don't want to take the time to educate clients. Lastly, money was said to a barrier—some do not have access to testing, medication, etc., due to monetary problems.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) increase the HIV-related education in the schools, and start educating children at a younger age, (2) make more money available for education, (3) create more testing facilities/easier access to testing facilities, (4) introduce mandatory testing, and (5) provide housing for the HIV

positive. Lastly, participants thought that there was not enough help from SRS at the personal level. For instance, SRS provides no services to people who have been convicted of a crime or drug-related offense. This makes it difficult for those people to recover and to better themselves, and therefore this policy needs to change.

Wichita—IDU Focus Group Analysis

Demographic Information

The Wichita—IDU focus group consisted of 12 participants all of whom were from Sedgwick county. Seven of the participants were male. Six of the participants were between 30 and 39 years old, and the remaining 6 were between 40 and 49 years of age. The religious background of the group was quite mixed – 1 identified as Agnostic, 2 as Christian, 2 as Baptists, 1 as Jehovah Witness, 1 as Atheist, 1 as Christian Non-Denominational, and 3 chose not to reveal their religion. The group was racially diverse as well – 3 were African American, 6 were Caucasian, 1 was Hispanic and 2 were Native American. Ten participants identified as either heterosexual males or females, and 2 reported being bisexual males. In terms of educational background, 3 had completed High School, 4 had completed Vocational/Trade School, 4 had some college (one or two semesters), and 1 had a post-graduate degree. Four participants reported making less than \$499 per month, 4 reported making \$500-\$999 per month, 2 had an income of \$1,000-\$1,999 per month, 1 made over \$4,000 per month, and 1 did not know his/her monthly household income. Two participants were on disability, and 6 were not working but 4 of those were looking for a job. Of the remaining 4, 1 held a part-time job and 3 held full-time jobs. Lastly, only 1 participant reported being diagnosed with HIV; the rest said they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The Wichita focus group participants were able to name several organizations at the local level, among which the Sedgwick County Health Department, the Hunter Health Clinic, the Center for Health and Wellness, United Way, the KU Medical Center, etc.

Effective/ineffective organizations. Opinions differed somewhat as to which of those agencies were effective/ineffective. For instance, some participants were satisfied with the services offered by the Sedgwick County Health Department, while others claimed they would not use those services due to instances of breach of confidentiality and anonymity that they were aware of. The Hunter Health Clinic and the Indian Alcohol Treatment Center were spoken of very highly.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Many participants shared that there was not enough information in the yellow pages about agencies providing HIV-

related services. They suggested more yellow pages advertisements and more hotline numbers. Other suggestions for disseminating HIV-related information included: (1) TV advertisements and public service announcements, (2) newspaper and magazine articles, ads, and announcements, (3) providing information through the Internet, (4) mass mailings, (5) showing visuals, such as videos and slides, to groups of people, (6) talks delivered by HIV-affected individuals at churches, treatment facilities, and schools, (7) HIV/AIDS awareness education for children AND parents, (8) “It Can Happen to Me” talks, (9) educational seminars at places of employment, and (10) education provided by one’s personal physician. Making the topic less “hush-hush” was also seen as an important way to help disseminate the message. One suggestion was creating an AIDS Center that could play a central role in disseminating HIV/AIDS information, and in educating the affected and the general public. Further, the focus group participants agreed that efforts concentrated at educating the general public, rather than the HIV/AIDS affected, are more needed and necessary.

Personal preferences. According to our sample, the best sources of HIV prevention information are people who have HIV, as well as professionals such as nurses, doctors, and counselors. Still, HIV affected individuals were repeatedly pointed out as the most effective source of information because they “make the point hit closer to home.”

Stopping HIV

When asked about best ways to stop the spread of HIV, most suggestions revolved around the need for clean needles. Participants talked about making it legal to buy packs of needles from the pharmacies, teaching users how to clean their syringes, introducing a needle exchange program, putting a stop to police harassment of drug users, and even building a building for drug users. Other suggestions for the stop of HIV/AIDS included (1) free access to male and female condoms, (2) creating more clinics which could target and help even more people, (3) teaching safer sex, (4) teaching kids abstinence, and (5) putting up flyers and brochures in bars and night clubs.

HIV Testing

Why some don’t get tested. The participants thought that the reasons high risk people don’t get tested for HIV or don’t engage in preventative measures were (1) denial—fear of finding out that they do have HIV/AIDS, (2) fear of death, (3) lack of motivation to change their risky behavior which makes testing for HIV meaningless, (4) too long wait period for the results, (5) too many steps that people need to take to get tested, and (6) unavailability of treatment which again makes testing meaningless.

Personal preferences for a testing site. When asked about where they would prefer to get tested for HIV if they needed to, participants named the Hunter Health Clinic, the Sedgwick County Health Department, and one’s personal physician as the most recommendable places for testing in Wichita.

Changing Risky Behaviors

Participants identified the following strategies as potentially helpful in changing risky behaviors: (1) making testing mandatory, (2) introducing HIV testing in jails, (3) making it a legal charge to knowingly transmit HIV/AIDS, (4) continuing to further educate people about HIV/AIDS, (5) blood testing before marriage, (6) putting up

condoms in motel rooms, (7) targeting children, and (8) providing more support to people in need.

Barriers to HIV Reduction

Next, participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were mentioned: (1) discrimination of the HIV/AIDS affected individuals by the rest of society, (2) too strong social judgment for mistakes one has done in the past, (3) a “macho” barrier preventing men of all races from getting tested, (4) lack of support in the family, (5) male partners making it more difficult for women to get off of drugs and other risky behaviors, and (6) unequal representation of minority employees at the different treatment facilities which makes those facilities less welcoming to minority clients.

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) creating more testing facilities, (2) making treatment more available, (3) introducing a needle exchange program, (4) introducing a condom distribution program, (5) introducing programs under which HIV/AIDS affected individuals could participate in experimental testing of new drugs, (6) treating the drug addicts, (7) constantly educating the children, (8) introducing peer group education in schools, and (9) conducting more seminars carried out by HIV-affected individuals.

Wichita—MSM Focus Group Analysis

Demographic Information

The Wichita—MSM focus group consisted of 3 participants all of whom were from Sedgwick county. All were male. The ages of the participants varied – 1 was 25-29 years old, 1 was 40-49 years old, and 1 was over 50 years of age. One participant identified as Christian, 1 identified as Traditional Native American, and 1 chose not to disclose his religion. Two were African American and 1 was of mixed background (Native American and Caucasian). One identified as gay male, and 2 – as bisexual males. In terms of educational background, 1 had completed High School, 1 held a four0year degree, and 1 held a post-graduate degree. One participant reported making \$500-\$999 per month, 1 had an income of \$1,000-\$1,999 per month, and 1 made over \$4,000 per month. Two participants were on disability, and 1 held full-time jobs. Lastly, 1 participant reported being diagnosed with AIDS; the rest said they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name several organizations at

the local level, among which the Ryan White Act, Care Connection Team, the Hunter Health Clinic, and Positive Directions.

Effective organizations. The participants shared that they were satisfied with the services of the Ryan White Act because they provide medication, with the Care Connection Team for their medical attention, housing programs, fund-raising efforts, and support groups, and with Positive Directions for their fantastic food program.

Ineffective organizations. On the other hand, the Wichita School System and the InterFaith Ministries were cited as least effective/trusted agencies. Both of those institutions were said to be homophobic.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Participants shared their disappointment with the reluctance of the general public to discuss sex, sexuality and anything that they deem “immoral.” They thought the general public was hypocritical and that unless those anti-sexuality views change, not much societal change can ensue. The participants had several concrete suggestions for how to disseminate HIV-related information, including: (1) more media involvement in the form of public service announcements, (2) more advertisements of HIV/AIDS prevention agencies and services, (3) more pamphlets and brochures distributed to the general public, (4) more community outreach efforts, (5) more seminars and other educational efforts, (6) distribution safer sex kits, (7) more prevention information disseminated at night clubs and bars, (8) more information listed in the yellow pages, and (9) more information provided through credible Internet sources. Further, participants thought that fundraisers organized by the different HIV/AIDS prevention agencies were effective tools for publicity generation. Lastly, participants strongly agreed on the need for more Community Health Centers where at-risk or affected individuals could feel safe and receive the necessary information and services. The general opinion was that Community Centers are built for many other causes, but not for the HIV/AIDS affected despite the great need to address the problems of that population.

General versus targeted. The group was split on the whether it was more important and wiser to target the HIV/AIDS message at the general public or at HIV affected individuals. Some thought that by targeting the general public the message reaches everyone. Others thought that efforts should be concentrated at reaching the at-risk groups because they are harder to identify and harder to get information to.

Improving the HIV Prevention Message

The group also discussed ways to better communicate the prevention message. All participants agreed on the importance of starting with the youth. Specifically, the group thought that students should be targeted as early as in middle school. It was considered unwise to postpone the sex and STD discussion until kids start having sex themselves because “we live in an age where AIDS is a reality.” Further, participants thought that the parents needed to get more involved with the HIV/AIDS prevention message. Lastly, the need to do outreach in the nightclubs was brought up – handing out condoms and lubrication was cited as a good method of HIV prevention.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, suggestions included (1) more communication within the neighborhood, (2) having HIV/AIDS sermons in the churches, (3) more information about the prevalence of HIV and AIDS on the local level.

Individual level. Sharing one's personal situation (i.e., being diagnosed) with family and close friends was mentioned. Participants thought that this helps bring the point really close to home, and although this would not help everyone, it would at least help one's closer circle of family and friends.

HIV Testing

Why some don't get tested. Participants thought that the reasons high risk people don't get tested for HIV were denial, or fear of finding out that they do have HIV/AIDS, and lack of care for one's personal health and well being.

Personal preferences for a testing site. When asked about where they would prefer to get tested for HIV if they needed to, participants named the Hunter Health Clinic. Speaking generally, though, participants thought that a testing place must be free and anonymous to be perceived as attractive. Also, introducing testing at conferences and fairs was suggested as one way to make HIV testing more accessible.

Changing Risky Behaviors

The group thought that giving out of free condoms and needles and making access to testing and information easier could potentially help change risky behaviors. However, all pointed out that behavior modification is extremely difficult to achieve – many at-risk individuals modify their behavior with the help of psychologists, social workers, etc., and then regress back to their original risky behaviors.

Barriers to HIV Reduction

Next, participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were mentioned: (1) religion and morality which lead to attitudes such as "I don't want you talking about things like that to my kids," (2) the inequality of women in society which makes it harder for them to say "no," (3) a reluctance in the Hispanic culture to talk about sex, and (4) less education received by certain groups which makes them more exposed to risk due to lack of knowledge.

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) taking a hard look at how Medicaid money is spent, (2) making sure there is funding for community organizations, (3) continuing education efforts since it is cheaper to educate than to treat, (4) providing education outreach programs to go out to different communities, (5) introducing programs to help pay for medication, and (6) introducing grant competitions where local organizations can apply for funding from the city. The concluding thought of the group was that people in Wichita are fortunate to receive a lot of help and support, but

that more help is needed since, unfortunately, the number of clients of the HIV/AIDS agencies is increasing.

Wichita Females Focus Group Analysis

Demographic Information

The Wichita—Females focus group consisted of 8 participants all of whom were from Sedgwick county. Obviously, all were female. The ages of the participants varied – 3 were 20-24 years old, 2 was 30-39 years old, and 3 were 40-40 years old. All participants identified as Christian. Six were African American and 2 were Caucasian. Seven identified as heterosexual females, and one reported being a lesbian female. In terms of education, 1 had not graduated from high school, 1 was a high school graduate, 4 had trade or vocational school training, and 2 had completed some college. One participant chose not to disclose their income, employment status, and HIV/AIDS status. Of the remaining 7, 1 reported making less than \$499 per month, 2 made \$500-\$999 per month, and 4 made \$1,000-\$1,999 per month. Two participants were not working but looking for work, 1 held a part-time job, and 4 had full-time jobs. Lastly, all 7 reported they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name quite a few organizations at the local level, among which the Indian Alcoholism Treatment Services, the Hunter Health Clinic, the Knox Center, the Miracles House, Planned Parenthood, Wichita Public Schools, Sedgwick County Health Department, United Methodist Urban Ministries, University of Kansas School of Medicine, Urban League of Wichita, and the Wichita Work Release Facility. Therefore, the overall knowledge level of organizations working towards HIV prevention was good.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The Via Christi Regional Medical Center was spoken of highly – participants said that the Center was an excellent place to get tested and receive medication. The Knox Center was viewed as a good place to go to if one acquires AIDS through contaminated needles. Planned Parenthood, the Sedgwick County Health Department, the Knox Center, and the American Red Cross were all viewed as organizations that provide a lot of information on HIV/AIDS.

Ineffective organizations. On the other hand, several organizations were thought to be ineffective and not trustworthy by our sample. The Miracles House was viewed as an organization that is incapable of providing good HIV-related information and as lacking in facilities and literature resources. The Wichita Work Release Facility and the Hunter Health Clinic were seen as ineffective organizations because of confidentiality issues. Washburn State University Health Services was said to use people that go there for testing for research purposes and thus was not viewed as a place where the staff wants

to genuinely help clients. It should be pointed out, however, that other participants spoke well of some of these organizations.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies were suggested, including (1) putting up flyers in more places, such as the school the “hood,” on the streets, and at Youth Organization offices, (2) broadcasting more TV commercials and public service announcements as these are nearly not enough, (3) having speakers go out to the school and talk about AIDS/HIV, (4) including more AIDS/HIV and sexuality education at the middle school level since “kids have sex early nowadays,” and (5) getting the parents more involved in the prevention education of their children. When asked to evaluate the effectiveness of these sources of information, the group simply said that they are better than nothing (i.e., they did not point out which methods of disseminating information were superior).

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Some said they prefer reading literature on the issue, such as flyers and brochures. Other said they liked to listen to speakers, especially those affected by the diseases. Lastly, the public library was mentioned as an excellent place to obtain information because they have a lot of literature on the issue, and provide access to the Internet where more information can be found.

Improving the HIV Prevention Message Communication

The group also discussed ways to improve the way the HIV prevention message is communicated. The group agreed on the importance of telling the truth in the prevention message—that AIDS is a disease that can affect everyone, not just the gay community, and that everyone needs to have protected sex. Further, it was stated that a lot of people do not know how to use a condom, or what females condoms are, and that HIV prevention messages can focus on educating the public on those issues as well. In the same vein of thought, teaching prevention through the messages was mentioned, not just the mechanics of how the disease spreads. The group was split on whether the prevention message should be focused at the general public, or at different at-risk groups.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants agreed on the importance of creating even more education programs and teaching prevention to everyone. They thought that the goal of this continued education should be to clear up the myth about AIDS and to make everyone understand that if you have unprotected sex, you can get AIDS regardless of your sexual orientation. Participants also thought that people should be educated on the important of “keeping a cool head”—i.e., that using alcohol, drugs, etc., will cloud one’s judgment and lead to mistakes. The group further thought that more TV advertisements would also help stop the spread of HIV.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Being responsible was seen as the most important thing—and this included getting tested and always using a condom.

HIV Testing

Why some don't get tested. Participants thought that one of the reasons high risk people don't get tested for HIV is fear of learning the truth. Not caring for one's personal condition was mentioned next—for instance, drug users don't care whether the needle they need to use is contaminated or not. Lastly, being in love and not wanting to disappoint your partner was given as a reason to not get tested.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, Via Christi, one's personal physician, and the Health Department were all mentioned as places of the participants' personal choice.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. Making an AIDS hospital where counseling and psychological help can be provided was suggested. Providing even more information and education was also proposed. However, some commented that there has been a lot of information and education, and yet people still do not change their behaviors.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The use of drugs and alcohol that clouds people's judgment was seen as one of the barriers. News and information that AIDS can be treated and one's life can be extended make people feel overconfident, and prevent them from protecting themselves. The lack of assistance for people once they find out they have HIV prevents them from even wanting to get tested. Lastly, the lack of acceptance of people with AIDS/HIV, the social labeling and negative judgment was cited as a barrier for the reduction of the disease.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) providing better access to testing, (2) making medication and health coverage affordable, (3) distributing free condoms, (4) targeting college students more, and (5) building more outpatient HIV Centers for the most needy groups (according to one participant, there are only 2 African American outpatient HIV Centers and 40,000 African American HIV positives in Wichita).

Wichita Men-At-Risk Focus Group Analysis

Demographic Information

The Wichita Men-At-Risk focus group consisted of 1 participant who was from Sedgwick county. The participant was male and was 40-49 years old. He did not report his religious orientation. He reported being a gay men of a racial Mixed background. In terms of education, the participant had completed some college. He reported making less over \$4,000 per month and holding a full-time job. Lastly, the participant reported not being diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participant was able to name Our Gang and the Sedgwick County Health Department as HIV-related organizations he was familiar with. After a list with all the organizations in Wichita working toward HIV prevention was shown to him, he said he was familiar with the Hunter Health Clinic, the American Red Cross, the Sedgwick County Department of Mental Health, and the University of Kansas School of Medicine, Kansas AIDS Education and Training Center.

Effective/ineffective organizations. The participant though that the Sedgwick County Health Department was the more visible organization because “you hear about it on the radio often.” He further said that he’s never heard of the American Red Cross doing anything related to AIDS, and that he did not really know of any ineffective organizations.

Methods of Disseminating Information

The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. The participant suggested two methods: (1) putting up information on the Internet, and (2) organizing community awareness events, such as an AIDS Bicycle Ride. When asked to evaluate the effectiveness of existing methods of disseminating information, the participant said that the Internet was the more effective because of its privacy. Obviously, the personal preference of this person was to obtain HIV-related information for his needs from the Internet.

Improving the HIV Prevention Message

Ways to improve how the HIV prevention message is communicated were discussed next. The participant said it was most important to start the HIV/AIDS discussion in the high schools, during sex ed and health classes, and when the kids are about 12 or 13 years of age. He further thought it was more important for the prevention message to target the general public, instead of the different at-risk groups.

Stopping HIV

When asked about what can the local community do to stop the spread of HIV, participant simply stated he did not know. When asked about what individuals can do to help stop the spread of HIV, he said that using condoms and practicing safe sex can help.

HIV Testing

Why some don't get tested. The participants thought that high risk people don't get tested for HIV because they do not want to know.

Personal preferences for a testing site. When asked about where the participant would personally prefer to get tested for HIV if he needed to, he state he would use the Health Department because it more better equipped with deal with the problem.

Changing Risky Behaviors

Ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested were discussed next. The participant suggested that if there is more education, information and awareness about the problem among the general public, individual people might be more likely to “do something about it” and change their behaviors.

Barriers to HIV Reduction

The participants were not aware of any social, cultural or environmental barriers that might be blocking the reduction of HIV/AIDS.

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the participant said that every effort should be made to distribute more information out to the people.

Wichita HIV+ Partners Focus Group Analysis

Demographic Information

The Wichita—HIV+ Partners focus group consisted of 5 participants all of whom were from Sedgwick county. Two were male. Three participants were 30-39 years old, and 2 were 40-49 years old. Five participants identified as Christian, and one reported having no religion. The group was racially diverse as well – 1 was Caucasian, 2 were Hispanic, 1 was Native American, and 1 was of mixed background. Three identified as heterosexual females, 1 as a heterosexual males, and 1 reported being a gay male. In terms of education, 4 had graduated from high school, and 1 had completed some college. Two reported making less than \$499 per month, 2 made \$1,000-\$1,999 per month, and 1 made over \$4,000 per month. One participant was on disability, and 4 were not working. Lastly, 1 reported being diagnosed with HIV, while the other 4 reported they were not diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name quite a few organizations at the local level, among which Connect Care, Hospice, Positive Directions, Indian Alcoholism Treatment Services, United Methodist Urban Ministries, Ryan White, KU Medical Center, Our Gang Inc., Episcopal Aids Committee and the Episcopal Social Services—Venture House, KU School of Medicine, and the American Red Cross. Therefore, the overall knowledge level of organizations working towards HIV prevention was good.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The KU Medical Center was spoken of highly – participants said that the Center was an excellent place to get tested and kept confidentiality well. ConnectCare was viewed as a good place to go to once one acquires HIV/AIDS because the medical workers there walk clients through the steps of getting on disability and signing up for insurance and other benefits. Positive Directions was also given as an example of a good place with excellent staff. Lastly, the Hunter Health Clinic was said to be an excellent place to get tested, where confidentiality is guaranteed.

Ineffective organizations. The focus group participants could not give examples of ineffective or not trustworthy organizations. They said they had not had involvement with other organizations besides the ones listed above, and that therefore they cannot comment on what organizations are not good.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies were suggested, including (1) broadcasting more TV and radio commercials and public service announcements as these are nearly not enough, (2) sending out attention-attracting mailings to everyone because everyone receives mail, (3) putting up information on the Internet, (4) organizing community awareness events, such as an AIDS Walk, or a Candlelight Visual, (5) handing out flyers to people during community events, and (6) increasing the HIV/AIDS education in the schools. When asked to evaluate the effectiveness of these sources of information, the group said that attention-attracting mass-mailings would probably work the best because people like to receive visual information, and because everyone would be reached that way.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Some said they would prefer obtaining information from their physician, or from a well-known clinic, or in general—from some place that specifically specializes in HIV/AIDS. Others said they trust information obtained through word-of-mouth most. Lastly, the Internet was mentioned as an excellent place to obtain information from.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The group agreed on the importance of involving people that have contracted HIV/AIDS, or their families, or their caregivers, in the communication process. This way the public would receive a more realistic view of what the disease does to sufferers.

General public versus at-risk groups. The group thought it was more important for the prevention message to target the general public, instead of the different at-risk groups, because HIV/AIDS is spread so widely, and because there are too many people in the general population that are oblivious to the problem.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) distribute condoms at places where a lot of people go to, such as bars and restaurants, (2) use celebrities to hand out condoms and information, (3) increase sex and HIV education in the schools but also get the parents more involved with these school activities, (4) introduce on-site testing at fundraisers and other community events, and (5) create “It Can Happen to You” campaigns, but get somebody hospital-bound, not someone healthy-looking like Magic Johnson, to deliver the message—the more visual those campaigns are, the more likely it is that people would understand that AIDS does not discriminate.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Being responsible and letting your partner know of your condition was seen as an important thing. Volunteering to go to schools, churches and communities to educate others about the disease was also seen as a good individual effort. Lastly, educating oneself about the disease was mentioned as a good way to protect one self and therefore others.

HIV Testing

Why some don’t get tested. Participants thought that some of the reasons high risk people don’t get tested for HIV are denial, fear of finding out they have the disease, and fear of death. Fear of letting the people around you (i.e., family, employers) know that you have it was mentioned next—you don’t want to lose your job if you find out you have the disease. Lastly, some couples that are non-promiscuous simply decide that testing is not an issue for them.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the KU Medical Center, one’s personal physician, and the Health Department were all mentioned as places of the participants’ personal choice.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. The group agreed that people in general can not be stopped from engaging in certain behaviors unless they themselves want to stop. Therefore, what can be done if just

provide information on where and how to get help should people decide they want to change their behavior.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were named: (1) lack of finances and too expensive treatments, (2) negative stigma, (3) dislike for using condoms among Mexican men, (4) beliefs among older white men that their wives are faithful which leads them to not getting tested, and (5) lack of information in Spanish, and in different Asian languages, despite the fact that these minorities represent the fastest growing AIDS-affected populations.

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) prioritize and spend money toward healthcare instead of wasting them on less important projects such as attracting tourism, (2) design a program that addresses specifically HIV needs and make lower income people the program's top priority, (3) let people know where testing locations are, (4) set up support groups for HIV-affected individuals where parents and friends can come to as well, (5) set up links on the Kansas government web site to other web sites with HIV information, and (6) introduce mandatory HIV testing for certain groups of people.

Pittsburg HIV+ Focus Group Analysis

Demographic Information

The Pittsburg HIV+ focus group consisted of 14 participants, 9 of whom were from Crawford county, 4 were from Cherokee, and 1 was from Labette county. Ten participants were male, three female, and one transgender. Two of the participants were 20-24 years old, 5 were 25-29 years old, 5 were 30-39 years old, one was 40-49 years old, and one was over 50 years of age. Five participants were identified as Christian, 3 identified as Baptist, 1 was Church of God, 2 were Catholic and three did not report his/her religion. Ten were Caucasian, 2 Hispanic and 2 were African American. There were 8 homosexual men, 2 heterosexual men, 1 bisexual female, and three heterosexual females. In terms of education, four had not completed high school, five had completed high school, and three had some college education, one had a bachelor's degree and one had a graduate degree. One participant did not know their monthly income, 4 reported making less than \$499 per month, four made \$500-\$999 per month, 4 made \$2,000-\$2,999 per month, and 1 made \$3,000-\$3,999 per month. Four participants were not working, 5 held part-time jobs, 4 held full-time jobs, and 1 was retired. Lastly, nine were identified as being diagnosed with AIDS or HIV while the other five were not.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal,

state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name a few organizations at the local level such as the AIDS Resource Network of Southeast Kansas (ARNOSK) and Crawford County Health Clinic. Therefore, the overall knowledge level of organizations working towards HIV prevention was generally poor. When shown a list of HIV prevention agencies and programs in the city of Pittsburg, the participants did not feel comfortable with their knowledge of programs beyond the ARNOSK and County Health Clinic.

Effective organizations. ARNOSK was given an as example of an effective organization because of their outreach programs and confidentiality. They also felt they had a very professional staff. The local health clinic was supported because it was convenient and provided sufficient resources and free condoms.

Ineffective organizations. Several of the participants were not satisfied with the Mt. Carmel Medical Center. Also, it was mentioned that ARNOSK and Mt. Carmel both need to do a better job of working together and coordinating their efforts. Lastly, many participants stated that they were unfamiliar with some of the lesser known organizations, and therefore did not have an opinion on their effectiveness.

Methods of Disseminating Information

General methods. The focus group participants had three ideas about spreading information: (1) there needs to be more local outreach programs to let people know about the available resources and provide information about HIV and AIDS, (2) word-of-mouth can be effective but sometimes doesn't get spread well in a rural environment, and (3) there should be more information available in junior high level sex education classes. When asked to evaluate the effectiveness of some of the existing methods of disseminating information, (i.e., TV, radio, Internet, brochures, etc.), the group said that local agencies need to advertise their services more on TV and also have more community outreach program since these are effective methods of letting the public know what is available.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Many said they would prefer obtaining information from a hotline or an 800 number, others said they liked using the Internet, and still others preferred reading HIV-related magazines and brochures. Some mentioned that their personal physicians are also a preferred source of HIV-related information.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The group agreed on the importance of involving people that have contracted HIV/AIDS in the communication process, and specifically having outreach speakers (especially people with HIV/AIDS) go and speak in the high schools. Having guest speaker come in to discuss key topics would also be enjoyed. The group also thought that providing local statistics about the spread of HIV/AIDS in the county would get people to realize that it was an issue even down in

southeast Kansas. Lastly, providing people with information on where they could go if they wanted help was seen as an important prevention technique.

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the general public as many people in rural Kansas still think that disease only involves homosexual people or are really unaware of the disease. Community events can help spread the message to all people.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) conduct public outreach in the schools and in general, (2) distribute free condoms, (3) be very straight forward when presenting HIV/AIDS information, (4) get the parent more involved in the HIV/AIDS education of their children, and (5) find ways to get the churches more involved in the Prevention effort.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Responses included (1) avoiding drugs and alcohol, (2) practicing safe sex, (3) being supportive and tolerant of both homosexuals and those who have the disease, and (4) helping to share the message through word-of-mouth with other people.

HIV Testing

Why some don't get tested. Participants thought that some of the reasons high-risk people don't get tested for HIV are fear, denial, and simply not wanting to be responsible for their own actions. Fear of the negative attitudes of others might also prevent some from getting tested – they don't want to risk everyone finding out they have HIV especially in a small rural area where gossip thrives. Confidentiality in a small town is also an issue as is cost since many people live at or below the poverty line in this area.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, ARNOSK and the Crawford County Health Clinic were seen as the preferred locations. Both were thought to be places where the staff is experienced, one's privacy is preserved, the doctors are friendly and talk to clients, and the accessibility to both places at convenient for the clients' times is good. A listed Mt. Carmel Medical Hospital for convenience and professional staff.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. The group felt the more education and awareness is necessary, and showing people the real consequences HIV may help. There was concern that there are no longer enough advertisement and public service announcement on TV anymore. Ultimately, however, people are responsible for changing their own behaviors and all the information in the world may not be sufficient. It becomes an issue of personal choice.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The group felt that the negative stigma associated with being HIV was a dominant barrier and that low income households and/or uneducated individuals may not have access to proper information.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) include HIV and AIDS information in the school sex education classes, (2) provide money for more services and clinics in rural areas, and (3) be willing to provide additional funding for more advertisements, awareness days, and general information.

Topeka MSM Focus Group Analysis

Demographic Information

The Topeka MSM focus group was a very open and talkative group that consisted of 11 participants 7 of whom were from Shawnee county, two were from Jackson county, and 2 were from Douglas county. All were male. Three of the participants were 25-29 years old, five were 30-39 years old, two were 40-49 years old, and one was over 50 years of age. Two participants did not report their religious background. Of the remaining nine participants, 4 identified as Christian, 3 were Baptist, 1 was Methodist, and 1 was Catholic. One was African American, nine were Caucasian, and 1 reported Mixed Background. All identified themselves as homosexual males. In terms of education, three had completed high school, one had completed Trade School, 3 had some college education, and four had a 4-year degree. One participant did not know their monthly income, two reported making less than \$499 per month, two made \$500-\$999 per month, 3 made \$1,000-\$1,999 per month, 2 made \$2,000-\$2,999 per month, and 1 made \$3,000-\$3,999 per month. Three participants were not working, 4 held full-time jobs, and four worked part-time. Lastly, three reported as being HIV+ while the others had not been diagnosed with either HIV or AIDS.

Qualitative Data Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name several organizations at the local level, this included the Topeka AIDS Project, New Beginnings, Washburn University Health Center, Shawnee County Health Department, the Salvation Army, Connect Care, the American Red Cross, St. Francis Hospital. Several physicians were also named – Dr. Suit, Dr. Evans and Dr. Jones. Therefore, the overall knowledge level of organizations working towards HIV prevention was very good. When shown a list of HIV prevention agencies and programs in the city of Topeka, the participants were able to recognize Mainstream Inc., the Forbes Juvenile Detention Center, the Kansas Department of Social and Rehabilitation Services, and the Kansas

Public Health Association. Indeed, many participants stated that they were familiar with pretty much all of the agencies listed.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The Topeka AIDS Project was spoken of very highly—it is at a convenient location, the doctors come in regularly, talk to clients, and make sure that clients get the medical help they need. Also, they are seen as very active in the outreach they do. St. Francis Hospital was said to have very supportive, professional and helpful staff. Connect Care was indicated to be a beneficial resource that supplemented some of the others. Many felt that the Topeka AIDS Project would make a good model organization for others to follow.

Ineffective organizations. The Topeka Correctional Facility was seen as quite ineffective because they have not provided testing to a number of individuals even those individuals fit the criteria. Also, the American Red Cross was seen as mildly homophobic and only able to provide pamphlets. Neither the State Board of Education nor SRS were seen as helpful.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies of disseminating information were suggested, including (1) radio and TV commercials, (2) sex education classes, (3) distribution of condoms and needles, (3) newspapers and magazines, (4) Internet web sites, and (5) word-of-mouth. When asked to evaluate the effectiveness of these sources of information, the group said that word-of-mouth was the most believable way to acquire information. However, early education in the schools and outreach program in communities were also mentioned as effective ways to disseminate information.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Most of the participants preferred to get their information from reliable clinics or the Topeka AIDS projects. Personal physicians and credible speakers were also mentioned. Available literature such as pamphlets and brochures was also helpful. Some wished there was better access to phone hotlines. Two brought up accessing information by way of the internet.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The group felt that community outreach programs that used noteworthy speakers and people with first-hand experience of HIV/AIDS as being very powerful. There were also ideas about including HIV/AIDS information in local bars and nightclubs. More prevention messages needed to be available to the general public. Better yellow-page information and credible websites were also recommended.

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the general public, instead of the high-risk groups, because everybody can get HIV/AIDS. It is a community-wide problem and not

just for “certain” people. Everyone is potentially at-risk for contracting the disease thus, everyone should be aware of how to contract and what can be done to prevent it.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) conduct more community outreach programs, (2) provide more education, awareness, and advertisements to people, get in their face, (3) provide free condom distribution in schools and bars along with educational materials, (4) identify model clinics and use them as a guideline for future clinics and agencies, and (5) make people aware that the disease can effect anyone and everyone so all are part of the solution.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Using proper protection while having sex was a priority. Also, not mixing alcohol and drugs into the dating equation as people are more risky when under the influence. Lastly, talking to people about the realities and consequences of engaging in risky behavior might help.

HIV Testing

Why some don’t get tested. Participants thought that one reason high risk people don’t get tested is a breach in confidentiality or someone in the community finding out. Denial and fear of having to change one’s lifestyle were also mentioned. Also, many people, especially heterosexuals do not think it can happen to them, and therefore see no reason to get tested. Lastly, some individuals simply do not know of facilities that provide testing or be afraid to visit them for the personal stigma attached.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the Topeka AIDS Project and the Shawnee County Health Department were mentioned as places of the participants’ personal choice. In general, though, participants said that a place needed to be confidential, non-judgmental, cheap or even free in order for it to be considered a good and recommendable testing place.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. The group agreed that providing more education and awareness about HIV/AIDS would be beneficial. More information should be targeted at younger people so that each passing generation is fully aware of what HIV and AIDS are. Making good choices in terms of your partners and sharing information with others about the topic with them would also help.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The attitudes of society towards homosexuals, HIV, and AIDS were seen as a major barrier that encourages people to hide their illness and/or lifestyle. Finances can also be a barrier so resources to fight HIV/AIDS should be cheap or free and readily available in many locations.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) provide more resources for education, testing, clinics, awareness, and advertising, (2) reintroduce HIV as a state priority and provide public support at the government level, and (3) provide more clinics modeled after the better ones particularly in low income and rural areas. One also mentioned a need for better transportation to reach the clinics and health facilities when people needed to.

Main Themes from all Focus Groups Combined

The responses from all the focus groups are collectively summarized below across the twelve questions.

Questions 1-2: Level of familiarity with different national, state and local organizations, agencies, programs and services working toward HIV/AIDS prevention, education, testing, etc.

The knowledge that the focus group participants had about different national, state and local HIV prevention agencies varied as a function of locality. Generally, participants from the bigger cities (i.e., Kansas City, Topeka and Wichita) were more familiar with different HIV agencies than participants from smaller towns (i.e., Emporia, Garden City and Dodge City). Still, there were variations in the knowledge level of participants from the bigger cities as well – some focus groups were more knowledgeable than others. Also, even groups that tended to be more knowledgeable appeared so because of a few participants that actually were able to name different organizations. Therefore, it seems that individuals who are more interested (or motivated) to receive services do know where they can get those services because they seek out that information. On the other hand, not-so-interested individuals lack knowledge of what services are available to them. Overall, while a few people were very knowledgeable about local and state services in their community, most were only familiar with perhaps 1-3 agencies and programs.

Questions 3-4: Effective/ineffective organizations.

Naturally, those focus groups that had low knowledge of the different HIV-related agencies in their areas could not judge those agencies' effectiveness.

The focus groups that did have knowledge of the local organizations, tended to think of organizations as being effective, helpful and trusted if:

- (1) the staff employed was helpful and professional,
- (2) confidentiality and anonymity was preserved,
- (3) a variety of programs and services were offered (i.e., medication housing, support groups, etc.),
- (4) a lot of information and education were provided.

On the other hand, participants tended to think of organizations as being ineffective, not helpful, and not trusted if:

- (1) efforts to provide information and education to the general public about HIV/AIDS were not made,
- (2) the organization was not well-known and/or well-publicized,
- (3) the organization was perceived as homophobic and/or biased against certain groups,
- (4) there were known or rumored instances of breach of confidentiality and anonymity.

Question 5a: Best/worst methods of disseminating HIV-related information to the public.

Interestingly, despite the different localities of the focus groups and the quite different demographic composition of the groups, ideas about how the HIV prevention message could be disseminated to the public tended to be quite similar. The following is a list of the suggestions made most often by the participants:

- (1) TV and radio announcements/advertisements, both in English and in Spanish,
- (2) mass mailings,
- (3) community outreach efforts, such as meetings with speakers affected by HIV or awareness festivals,
- (4) disseminating information, condoms, clean needles, etc. at bars and night clubs,
- (5) providing (more) HIV/AIDS education starting with the Middle School grade levels,
- (6) putting up more (reliable and accurate) information on the Internet,
- (7) involving the personal physicians more in the dissemination of information process,
- (8) publishing more information about HIV prevention organizations in the yellow pages,
- (9) creating more hotlines with live operators,
- (10) building more community health centers to provide information and services to at-risk groups.

Question 5b: Personal preferences for obtaining HIV-related information.

Despite the variety of ideas about how HIV-related information can be disseminated in general, the focus groups participants named just a few methods through which they personally (as opposed to just the general public) like to receive their HIV/AIDS information:

- (1) media sources: TV and radio, newspapers and magazines, and the Internet
- (2) word-of-mouth and HIV-affected individuals, and
- (3) personal physicians.

Question 6a: Improving the HIV prevention message—suggested techniques.

At almost every meeting, participants stated that the TV and radio HIV prevention messages were merely not enough – increasing the number of public service announcements, therefore, was thought to be quite necessary. Also, providing the message in languages other than English was seen as important by many focus groups. In the same vein of thought, staffing the HIV prevention organizations with Spanish-speaking personnel, as well as with representatives of different minority groups, was pointed out as another way to improve the communication of the HIV prevention

message. Involving HIV+ individuals in the communication process was seen as a must in order for the message to seem more real and to be effective. Starting the communication process at the Middle School level (sex education and health classes) and involving the parents in the prevention effort was thought to be the best way to really get the message across.

Most comments focused on increasing education and awareness and indicating that HIV/AIDS is NOT a gay-only disease. Many also emphasized showing the “realities” of HIV/AIDS to viewers as straightforward and realistically as possible so people are aware of the long-term consequences (don’t “sugarcoat” it).

Finally, several groups advocated using more state and local statistics to let people know just how much of a problem/issue this is in their area (e.g., did you know that there are X number of people in your state, city, college that have HIV).

Taken together, there was a sense that the message had to connect with people at a personal level, they had to feel connected to the problem/issue/disease/people.

Question 6b: Targeting the general public or the at-risk groups.

Approximately 85-90% of focus group participants thought that targeting the HIV prevention message at the general public was a more effective technique than targeting the message at the different at-risk groups. Participants stated that the general public included everyone, and that further, with HIV/AIDS, everyone is technically at risk, and therefore everyone needs to be educated about it.

Question 7a: Stopping the spread of HIV—what can society do about that.

Besides the “usual” suggestions of more TV and radio announcements, more Spanish-speaking personnel, giving out of free condoms or free clean needles and syringes, more education in the schools, etc., some focus groups had other, more innovative, ideas about what society can do to help stop the spread of HIV. The following is a list of those ideas:

- (1) introduce annual mandatory blood testing (in prisons at the very least),
- (2) make HIV testing a part of a doctor’s annual screening, check-ups, physicals
- (3) introduce free testing or testing at people’s homes and provide more testing clinics,
- (4) involve the leadership of the state of Kansas (i.e., the KS. Governor) in the communication of the prevention message,
- (5) increase awareness through public events such as an AIDS Awareness Day, an AIDS Walk, or an AIDS Quilt, and
- (6) provide information about the prevalence of HIV/AIDS at the local level.

Question 7b: Stopping the spread of HIV—what can individuals do about that.

Two major themes emerged about what individuals can do to help stop the spread of HIV – using personal protections and being responsible.

- 1) In terms of using personal protections, participants cited having safe sex, using condoms, using female condoms, knowing one’s partner, abstaining from sex, and using clean needles for drug injections.

2) In terms of being responsible, participants cited telling one's partner of one's condition, getting tested, telling one's family about one's condition and educating them, and taking the initiative and educating oneself about how HIV spreads and how one can protect oneself from contracting it.

Question 8: HIV testing—why many do NOT get tested.

There were many similarities in the reason the participants in the different focus groups listed as to why some at-risk individuals do not get tested. The more often cited reasons were:

- (1) denial – people refuse to believe that they might have contracted HIV, or that it can happen to them,
- (2) fear of finding out they might have HIV and have to deal with it,
- (3) fear of someone else (i.e., friends, employers, etc.) finding out that they are positive,
- (4) lack of care for one's own condition (simply don't care),
- (5) lack of knowledge about where they can go get tested,
- (6) that it costs too much and could not afford testing,
- (7) fear of being documented as HIV+ and thus losing insurance and other benefits,
- (8) fear of breaches of confidentiality and anonymity in health/medical system,
- (9) unavailability of treatment which makes testing seem meaningless, and
- (10) takes too long too wait for results

Question 9: HIV testing—personal preferences for a testing cite.

The focus group participants listed different local organizations where they prefer to get tested at. These were often local clinics that specifically assisted non-heterosexual groups and/or HIV+ groups. But they also identified specific features that a testing facility needs to have in order for it to be perceived as a good facility to go get tested at; a testing place would be considered a place of choice if it is:

- (1) confidential and anonymous,
- (2) staffed with professionals—medical personnel and counselors,
- (3) chance of running into someone you know is minimal, and
- (4) free-of-charge (or at least very cheap).

Question 10: Changing risky behaviors.

The participants also discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least get tested. Unanimously, the participants in the different focus groups pointed out that there has been so much information about how to protect oneself that if one does not take advantage of that information they are making a conscious choice not to protect themselves. Also, quite often the comment was made that there might be all sorts of interventions and behavioral change programs, but unless one decides him/herself that they want to finally change their behavior, no intervention can work. In other words, the participants were getting at the fact that unless there is internal motivation, no help can actually be helpful.

There also seemed to be a direct relationship between the reduction of alcohol and drug usage as a means of reducing risky HIV-behaviors.

Still, some focus groups pointed out that despite the fact that people's behaviors cannot be changed unless they wanted to, information about where to get help from should you decide you want to change your behavior should be readily available. In other words, the participants emphasized again how important it is to publicize the services of the different HIV prevention agencies so that people are aware of where they can get assistance from once they are ready for it.

Increased HIV/AIDS awareness and education is ultimately seen as the best way to change behaviors (and society).

Question 11: Barriers to changing one's HIV-risky behaviors.

Although the barriers to HIV reduction mentioned by the different focus groups differed somewhat across the groups, there were some that were cited by several groups. The most commonly referred to barrier was the negative stigma attached to having HIV that leads to people not wanting to get tested. The existence of a "macho" attitude (occasionally mentioned in regards to Hispanic men and African American men, or just men in general), may prevent them from getting tested as well. Religious barriers were often brought up, indicating that morality issues from the church create extensive problems for people trying to deal with their lifestyle choices. Religious biases also make it difficult to advocate sex education in the schools, and free condoms. Anti-drug attitudes make free needle exchanges difficult. Also, low levels of education and/or a lack of information in their language for minority groups make it harder for them to comprehend HIV issues. Several also stated that cost factors often were a barrier.

Question 12: Advice for state and local governing bodies.

The focus groups had many suggestions that they would present to governing bodies if they had the opportunity about what more can be done by the state or their local city to help stop, or to minimize, the spread of HIV. The following were suggestions made more often by the focus groups:

- (1) Spend more money on HIV awareness and education especially in the schools; make the messages more personal, connective, and show very graphic consequences,
- (2) Consolidate less effective agencies/programs (especially in larger cities) into fewer but more effective and better staffed organizations (in essence use the agencies/programs/clinics that are doing things "right" as models for other programs); at the same time create more agencies in the rural areas,
- (3) Build more HIV/AIDS clinics, more testing sites, more outpatient facilities, etc., to better address the needs to the HIV-affected and/or of the at-risk populations and,
- (4) Make HIV/AIDS a major priority in the state.

Conclusions

The focus group format proved to be a very effective method of obtaining information about HIV-related services and other items of interest. Most groups were

very talkative, friendly, and helpful. Below is a final summary of the main conclusions drawn from the focus groups.

- ❑ On average, people already using HIV prevention services are only familiar with two or three HIV-related agencies in their area. The general public's knowledge of such agencies is probably even lower. Clearly, more needs to be done to make people aware of ALL services available in their area.
- ❑ Effective agencies have professional, helpful, and knowledgeable staff who maintain client confidentiality and privacy. Having a wide variety of programs and lots of information and supplies (brochures, pamphlets, free condoms, etc.) is also very important.
- ❑ The HIV/AIDS message should be transmitted across as many different mediums as possible. However, clients tend to prefer general media (TV and radio), their personal physician, and listening to individuals that have had first-hand experience with the disease. The message must also be targeted to the general public but also to specific groups (use their language) and should be used in junior high sex education classes.
- ❑ More education, awareness, and advertising is needed to reach people in the state. The state government must get more involved in delivering the message.
- ❑ Local health clinics and HIV-related clinics are the preferred places people want to get tested for HIV. However, there are considerable fears and stigmas attached to the testing process that limit the number of people who make use of their services. This is compounded by the conflict inherent in many religious, anti-drug, and moral groups that speak out against homosexual lifestyles and risky behavior.
- ❑ Alcohol and drugs are often contributing factors in the risky behavior that leads to acquiring HIV. However, many feel that there is little that can be done to directly change behavior as there is sufficient information out there, it is just ignored.
- ❑ HIV and AIDS must become a state priority. The more successful HIV-related clinics, agencies, and programs should be used as a model for clinics of a similar nature.

Mail-Out Survey Results

There were a total of 53 agencies that responded and provided meaningful data to the agency survey. There were also a total of 182 individual clients who mailed back the client surveys. Eleven (or 6%) of the returned client surveys were of the Spanish version. The following pages provide a breakdown of the survey data. First demographics and questions unique to the agency surveys are provided, then demographics and questions unique to the client survey are presented, and finally a gap analysis is conducted on those questions answered by both agency directors and clients.

Agency Demographics

Description of Agency/Program Type

Agency Description	Percentage
Hospital- or University- affiliated Clinic	4%
Public Community Health/Medical Clinic	47%
Native American Health Clinic	0%
Ethnic/Minority Service Organization	6%
Social Services Agency	4%
AIDS Service Organization	6%
Gay/Lesbian Service Organization	0%
Private Agency	0%
Correctional Facility	13%
Substance Abuse Agency	8%
Other	9%
Did not specify	3%

Number of Clients Seen for HIV-related Services Annually

The average number of clients requesting HIV-related services over the course of a year per agency was 804.

Total Budget for HIV-related Services

The average percent of the total annual budget allocated for HIV-related services by the various agencies was 35%.

Total Staff Employed by Agency

The average number of staff employed by the HIV-related agency is 20 people.

Staff Characteristics

Agency directors were asked to provide their best estimate of the percentage of their staff that would fall into categories below. The average percentage for these categories across all agencies is provided.

What percentage of agency staff are:	Average Percentage
Male	33%
Gay	36%
Lesbian	8%
Bi-Sexual	0.4%
Former drug-users	28%
NOT White/Caucasian	28%
Transgender	0%
Two-spirited	0.3%
Specially trained in HIV/AIDS prevention and/or related topic areas (e.g., drug users, homosexuality)	41%
Are involved in duties primarily related to HIV/AIDS prevention services	37%
Speak/read two or more languages	16%

Client Characteristics

Agency directors were also asked to provide their best estimate of the percentage of their clients that would fall into categories below. The average percentage for these categories across all agencies is provided.

What percentage of your clients are:	Average Percentage
Male	56%
Under 18 Years of Age	25%
HIV Positive	7%
Contracted AIDS	2%
Intravenous drug-users	20%
Homosexual, bisexual, or two-spirited	22%
Live at or below the poverty level	56%
65 Years of Age or Older	7%
Visiting agency at least once a month on average	28%
Requiring transportation assistance to visit you	9%
Requiring financial assistance to use your services	35%
Homeless or live on the streets	11%
Regularly tested for HIV	24%
Requesting HIV/AIDS related information	31%
Transgender	4%
NOT White/Caucasian	37%
Non-English speaking	18%

Average known HIV-related services

Agency Directors indicated the average number of HIV-related services operating in their respective county was 4.

Effective Ways of Getting Information to Special Groups

The top five most common answers to the question (and the percentage of directors who mentioned this) about the most effective way of getting HIV/AIDS information out to special target groups are listed below.

1. Word of Mouth (29%)
2. TV, Radio, and Newspaper (17%)
3. Brochures, Pamphlets, and the Internet (17%)
4. Outreach Programs (14%)
5. Discussion or Support Groups (9%)

Agency Responses to Short Answer Questions

Effective Ways of Getting Information to the General Public

The top five most common answers to the question (and the percentage of directors who mentioned this) about the most effective way of getting HIV/AIDS information out to the general public are listed below.

1. Print literature (newspaper, brochures, pamphlets) (30%)
2. TV ads (15%)
3. Outreach Program (14%)
4. Word of Mouth (13%)
5. Radio ads (12%)

Factors That Prevent HIV-Services Usage

The top five most common answers to the question (and the percentage of directors who mentioned this) about the factors that prevent people from using HIV-related services in their area are listed below.

1. Services are not viewed as confidential (27%)
2. General fear of testing and negative stigma (22%)
3. Don't know services are available or where they are (13%)
4. Fear of being recognized in small town or rural area (11%)
5. Don't have appropriate transportation to reach site (5%)

Performance of the state in providing HIV services

When asked whether or not the state of Kansas was doing a good job in providing HIV-related prevention services, 73% answered "Yes".

The top five most common answers to the question (and the percentage of directors who mentioned this) about why (or why not) they feel the state of Kansas is doing in providing HIV-related services are listed below.

1. The KDHE and CPG are excellent supervising agencies (15%)
2. Well-trained personnel and staff (10%)
3. Not providing sufficient resources to rural areas (10%)
4. Need more money, staff, and programs (8%)
5. Provide free or low cost testing (7%)

Needed Improvements for state HIV services

The top five most common answers to the question (and the percentage of directors who mentioned this) about what improvements need to be made by the state in regard to HIV-related services are listed below.

1. Provide more funding to agencies (17%)
2. More advertisements and media exposure (11%)
3. Increase access for minorities and rural areas (11%)
4. Improve coordination and cooperation of agencies (9%)
5. Provide more outreach programs and free supplies (9%)

Reduction of Risky Behavior and Increase in Testing

The top five most common answers to the question (and the percentage of directors who mentioned this) about what can be done to reduce HIV-related risky behaviors and increase testing are listed below.

1. More education and awareness about HIV/AIDS (28%)
2. Provide HIV information in sex education classes (12%)
3. Better access to testing services (7%)
4. Improve confidentiality and privacy of services (7%)
5. Provide more counseling and outreach programs (7%)

Main Strategies Used to Reduce HIV/AIDS

The top five most common answers to the question (and the percentage of directors who mentioned this) about what are the main strategies used by the agency to reduce HIV and AIDS are listed below.

1. Use education and counseling (33%)
2. Target high-risk groups (12%)
3. Focus on safe sex information (10%)
4. Provide testing and free condoms (7%)
5. Use outreach and small group discussion (7%)

Underlying Theory for Fighting HIV/AIDS

The top five most common answers to the question (and the percentage of directors who mentioned this) about which underlying theory or approach do you use to combat HIV and AIDS is listed here.

1. No underlying theory used (20%)
2. Basic education model (12%)
3. Use Red Cross or KDHE guidelines (10%)
4. Behavioral change theory (7%)
5. Social learning theory (7%)

Client Demographics

Gender

41% of the mail-out survey respondents were male, 54% were female and 5% did not specify their gender.

Age Ranges

Age Range	Percentage
Under 18 Years Old	11%
18-19 Years Old	5%
20-29 Years Old	25%
30-39 Years Old	29%
40-49 Years Old	19%
50-59 Years Old	4%
60-69 Years Old	2%
Over 70 Years Old	0%
Did not specify	5%

Race/Ethnic Background

Race/Ethnicity	Percentage
Caucasian/White	59%
African-American/Black	13%
Hispanic/Latino	14%
Asian	0%
Native American	2%
Eskimo/Native Alaskan	0%
Mixed	3%
Other	3%
Did not specify	7%

Sexual Orientation

Sexual Orientation	Percentage
Heterosexual	67%
Homosexual	22%
Bi-sexual	5.4%
Two-spirited	0%
Other	0%
Did not specify	6%

Level of Education

Education Level	Percentage
Did not finish High School	10%
High School Diploma or GED	39%
Some college or vo-tech training	35%
4-Year Bachelor's Degree	5%
Graduate Degree	5%
Did not specify	6%

Current Gross Annual Income

Annual Income	Percentage
Less than \$10,000 per year	51%
\$10,000-19,999 per year	20%
\$20,000-29,999 per year	11%
\$30,000-39,999 per year	4%
\$40,000-49,999 per year	2%
\$50,000-59,999 per year	3%
\$60,000-69,999 per year	0%
\$70,000-79,999 per year	0%
\$80,000-99,999 per year	0%
Over \$100,000 per year	0%
Did not specify	9%

Current Employment Status

Employment Status	Percentage
Not working (not retired or disabled)	20%
Not working (but looking for work)	21%
Part-Time (<36 hours per week)	11%
Full-Time (36+ hours per week)	27%
Disabled	12%
Retired	0%
Volunteer	0%
Other	3%
Did not specify	6%

Partner Status

Partner Status	Percentage
Single	37%
Divorced or Separated	10%
Widowed	0%
Married	28%
Living Together	19%
Did not specify	6%

Who Lives in Household?

Household Status	Percentage
Live Alone	15%
Spouse/partner	39%
Children	13%
Parents	12%
Roommate	15%
Did not specify	7%

County of Residence

There were 19 different Kansas counties represented across the client respondents and these are listed below.

Coffey	Douglas	Ellis	Finney	Ellsworth
Gardner	Jefferson	Johnson	Lyon	Mitchell
Reno	Rice	Riley	Rooks	Sedgwick
Seward	Shawnee	Thomas	Wyandotte	

Religion

Religion Category	Percentage
Christian	21%
Catholic	10%
Lutheran	3%
Methodist	5%
Baptist	16%
Protestant	2%
Wiccan	3%
Pentecostal	2%
Rasta	2%
Native American	2%
Spirituality	3%
Atheist	2%
Agnostic	2%
No religion	13%

Client Characteristics

The client participants were asked to indicate whether they would answer yes or no to the following statements. The average percentage for those who said yes to each statement across all clients is provided.

Statement	YES %
I sometimes use illegal drugs.	40%
I have had 6 or more different sex partners in the past year.	14%
I regularly practice safe sex (e.g., use condoms)	56%
I have a drinking problem.	22%
I have been tested for HIV/AIDS.	79%
I have been diagnosed as HIV+.	19%
I have contracted AIDS.	11%
I am a recovering alcoholic or drug user.	38%
I have access to a computer with internet access.	67%
I am homeless (live on the street).	3%
I sometimes receive money, drugs, food, or shelter from another to have sex with them.	8%
Most of my family supports my lifestyle?	53%

Average known HIV-related services

Clients indicated that the average number of HIV-related services operating in their respective county that they knew of was 2.5.

Client Responses to Short Answer Questions

Where to Get Tested

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about where you would refer a friend to get HIV testing are listed below.

1. Local Health Department (27%)
2. A Health Clinic (24%)
3. Physician or Hospital (11%)

The remaining responses all targeted specific clinics or agencies.

Performance of the state in providing HIV services

When asked whether or not the state of Kansas was doing a good job in providing HIV-related prevention services, 67% answered “Yes”.

Factors preventing people from using HIV services

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about which factors prevented people from using HIV-related services in your county are listed below.

1. Fear and embarrassment of learning results (26%)
2. Don't know about services or that they should be tested (18%)
3. Fear that others will find out (15%)
4. No available transportation (7%)
5. Are in denial about their behaviors (6%)

What state can do to improve HIV services

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about what the state of Kansas can do to improve HIV-related prevention services are listed below.

1. More advertising and announcements (20%)
2. More educational materials and information (18%)
3. More clinics and outreach programs (14%)
4. Provide more free and low cost services and supplies (9%)
5. Use HIV information in sexual education classes (6%)

Mandatory testing of inmates

81% of the client respondents would be favor in the mandatory testing of inmates for HIV, while 11% would oppose this, and 8% did not answer.

Reduction of Risky Behavior and Increase in Testing

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about what can be done to reduce HIV-related risky behaviors and increase testing are listed below.

1. More education and awareness about HIV/AIDS (29%)
2. Better access to testing and free condoms/needles (24%)
3. Show the realities and consequences of HIV/AIDS (16%)
4. Provide more media advertisements (15%)
5. More HIV information in sexual education classes (8%)

Gap Analysis on HIV-Services and Information

The following questions were asked to both agencies and clients. Where appropriate, this allowed the research team to conduct a series of independent t-tests to determine whether or not there were significant differences (i.e., a gap) between the views of the agencies and the clients who utilized those agency services.

Most Important Characteristics

The top five most common answers (and percentage of clients or agencies who mentioned this) to what are the most important characteristics of an HIV-related services agency are listed below. These were open-ended and could be answered freely.

Rank	Client Characteristic	Percentage	Agency Characteristic	Percentage
1 st	Confidentiality	53%	Confidentiality	56%
2 nd	Professional	43%	Professional	31%
3 rd	Free/Low Cost	21%	Free/Low Cost	26%
4 th	Friendly	15%	Education Info	25%
5 th	Education Info	13%	Friendly	19%

Ratings of HIV Prevention Characteristics

A total of 20 different HIV Prevention agency characteristics were listed and both agency directors and client respondents were asked to rate their agency on the following scale:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

The table below lists the 20 characteristics and the average rating for both agency directors and clients are provided. An independent t-test was then run to determine if there was a significant difference in the means between the agency and client raters. Where significant, the significance level is indicated by a p value where the smaller the p value, the greater the statistical difference between the two means. In all instances of significance, the clients actually had a more favorable rating than the agencies themselves.

Agency Characteristic	Average Agency Rating	Average Client Rating	p value
Quality of the HIV Prevention Services	4.24	4.42	
Friendliness and Courtesy of the Staff	4.67	4.83	$p < .04$
Available Parking	4.00	3.92	
Close to Public Transportation (e.g., bus)	3.81	4.50	$p < .01$
Near to majority of clients	3.91	3.79	
Child care services available	3.09	3.98	$p < .03$
Interpreter/Translation Services available	3.64	4.18	$p < .04$
Professional and Well-Trained Staff	4.54	4.63	
On-time with appointments and services	4.40	4.50	
Provide lots of HIV/AIDS information	4.30	4.34	
Provide HIV testing	4.62	4.73	
Help clients get to the agency	3.91	4.41	$p < .01$
Maintain client confidentiality	4.78	4.67	
Have a good reputation with the community	4.59	4.64	
Advertise/Promote services well	3.64	4.21	$p < .01$
Assist with case management issues	4.21	4.43	
Provide support groups/meetings	3.36	4.13	$p < .01$
Relate well to your clients	4.50	4.61	
A good variety of services available	4.36	4.58	
Services are free or at a low price	4.60	4.61	

Ratings of HIV Services

A total of 30 different HIV Prevention services were listed and both agency directors and client respondents were asked to rate their agency's services on the following scale:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

The table below lists the 30 services and the average rating for both agency directors and clients are provided. An independent t-test was then run to determine if there was a significant difference in the means between the agency and client raters. Where significant, the significance level is indicated by a p value where the smaller the p value, the greater the statistical difference between the two means. In all instances of significance, the clients actually had a more favorable rating than the agencies themselves. As indicated below, there were three services where the agencies did not provide a sufficient number of ratings.

HIV Service	Average Agency Rating	Average Client Rating	p value
HIV Testing	4.63	4.76	
Counseling for HIV/AIDS	4.60	4.63	
Medical Services and Physical examinations	4.41	4.61	
Telephone Hotlines	4.50	3.83	
Home-based Services	4.10	4.29	
Information on Social Security, Housing, and Discrimination	4.00	4.24	
Mobile Test Sites	3.92	4.12	
Dental Services	4.33	4.31	
Experimental Therapies	No ratings	3.95	
Help with Insurance Issues	4.06	4.24	
Substance abuse services	4.29	4.41	
Mental health services	4.35	4.10	
HIV/AIDS education and training	4.40	4.49	
HIV/AIDS Literature/Brochures	4.37	4.53	
Free condom distribution	4.56	4.58	
Free syringe and needle distribution	No ratings	3.62	
Clean needle exchange	No ratings	4.15	
Street Outreach programs	4.29	3.97	
Safe Sex seminars	4.25	4.37	
Transportation Services	3.50	3.95	
Help with Legal Issues	3.89	3.71	
Help with Job Searches	3.29	3.92	
Food Bank / Meals delivered to client homes	3.80	3.84	
Client Support Groups	4.08	4.41	
Support Groups for partners, family, friends	3.78	4.46	
Help with Cost of Medications	3.81	4.62	p < .01

HIV Service (continued)	Average Agency Rating	Average Client Rating	p value
12-step Programs	4.38	4.64	
Emergency Financial Help	3.89	4.47	$p < .04$
Case Management	4.44	4.38	
Agency Websites	3.53	4.22	$p < .04$

Current Availability and Use of HIV Services

For the 30 different HIV Prevention services we also asked Agencies whether or not this service was currently provided to clients. We asked the clients whether they felt the same service was one that they currently used.

The table below lists the 30 services followed by a column that lists the percentage of agencies that indicated that this service was available while the second column indicates the percentage of clients who feel they use this service.

HIV Service	% of Agencies with this service	% of Clients who use this service
HIV Testing	81%	54%
Counseling for HIV/AIDS	76%	37%
Medical Services and Physical examinations	49%	48%
Telephone Hotlines	15%	20%
Home-based Services	19%	10%
Information on Social Security, Housing, and Discrimination	43%	19%
Mobile Test Sites	21%	10%
Dental Services	21%	28%
Experimental Therapies	81%	9%
Help with Insurance Issues	30%	24%
Substance abuse services	28%	39%
Mental health services	32%	30%
HIV/AIDS education and training	79%	40%
HIV/AIDS Literature/Brochures	89%	60%
Free condom distribution	60%	49%
Free syringe and needle distribution	2%	7%
Clean needle exchange	2%	10%
Street Outreach programs	11%	18%
Safe Sex seminars	28%	29%
Transportation Services	25%	24%
Help with Legal Issues	15%	16%
Help with Job Searches	9%	17%
Food Bank / Meals delivered to client homes	8%	9%
Client Support Groups	19%	35%

HIV Service (continued)	% of Agencies with this service	% of Clients who use this service
Support Groups for partners, family, friends	13%	23%
Help with Cost of Medications	38%	29%
12-step Programs	15%	28%
Emergency Financial Help	17%	14%
Case Management	34%	32%
Agency Websites	36%	19%

Potential Future HIV Services

For the 30 different HIV Prevention services we also asked Agencies whether or not they thought this would be a good service to offer in the future if they did not already offer it. We asked the clients whether they would like to see the same service offered in the future if not already available.

The table below lists the 30 services followed by a column that lists the percentage of agencies that indicated that this service should be offered in the future while the second column indicates the percentage of clients who would like to see the service offered in the future.

HIV Service	% of Agencies who think service should be available	% of Clients who want service offered in the future
HIV Testing	11%	34%
Counseling for HIV/AIDS	11%	27%
Medical Services and Physical examinations	8%	36%
Telephone Hotlines	8%	35%
Home-based Services	4%	26%
Information on Social Security, Housing, and Discrimination	11%	42%
Mobile Test Sites	11%	26%
Dental Services	13%	44%
Experimental Therapies	45%	34%
Help with Insurance Issues	9%	42%
Substance abuse services	8%	34%
Mental health services	9%	39%
HIV/AIDS education and training	15%	43%
HIV/AIDS Literature/Brochures	17%	37%
Free condom distribution	15%	39%
Free syringe and needle distribution	9%	18%
Clean needle exchange	11%	18%

HIV Service (continued)	% of Agencies who think service should be available	% of Clients who want service offered in the future
Street Outreach programs	13%	30%
Safe Sex seminars	20%	34%
Transportation Services	6%	33%
Help with Legal Issues	9%	42%
Help with Job Searches	4%	37%
Food Bank / Meals delivered to client homes	4%	26%
Client Support Groups	17%	32%
Support Groups for partners, family, friends	19%	37%
Help with Cost of Medications	9%	44%
12-step Programs	2%	32%
Emergency Financial Help	8%	42%
Case Management	11%	30%
Agency Websites	8%	39%

Effective Ways of Communicating HIV Information to the Public

We also asked Agencies and Clients which methods of communication they thought were most effective at delivering HIV information to the public. The table below lists the method followed by a column that lists the percentage of agencies that indicated that this service would be effective while the second column indicates the percentage of clients who think the method is effective.

Communication Methods	% of Agencies who think its effective	% of Clients who think its effective
TV Ads	76%	80%
Computer Websites	74%	61%
Word of Mouth	93%	78%
Newspaper Ads	64%	63%
Health Clinics	87%	95%
Outreach Programs	81%	85%
Phone Hotlines	62%	81%
Radio Ads	76%	78%
Brochures/Pamphlets	83%	91%
Mail Ads	34%	52%
Magazine Ads	64%	67%
Doctor or Nurse	87%	87%
Seminars/Workshops	77%	84%
School Sex Education	81%	94%

Preferred Ways of Receiving and Delivering HIV Information

We also asked Agencies which methods of communication they used to deliver HIV information to the public. We asked client respondents which methods of communication they would prefer to receive HIV information from. The table below lists the method followed by a column that lists the percentage of agencies that indicated that they use this method while the second column indicates the percentage of clients who prefer this method.

Communication Methods	% of Agencies who use this method	% of Clients who prefer this method
TV Ads	13%	63%
Computer Websites	28%	35%
Word of Mouth	87%	64%
Newspaper Ads	26%	40%
Health Clinics	70%	70%
Outreach Programs	36%	41%
Phone Hotlines	15%	32%
Radio Ads	21%	51%
Brochures/Pamphlets	89%	64%
Mail Ads	9%	25%
Magazine Ads	9%	41%
Doctor or Nurse	76%	66%
Seminars/Workshops	47%	47%
School Sex Education	81%	56%

Conclusions

The mail-out survey was not perceived to be as effective as the focus groups due to the large numbers agencies and clients who seemed unwilling or uninterested in completing the surveys even after a second mail-out. While the response rates were within an expected range they were still disappointing low, particularly from the agency perspective. Future researchers may want to consider additional focus groups that get standard written surveys instead of the traditional focus group (on in addition to the traditional focus group). Some type of additional incentive must be used to get agencies to comply and that is unfortunate.

Nonetheless, the mail-out results did provide some very interesting and useful findings. Below is a final summary of the main conclusions drawn from the mail-out surveys.

- ❑ The average agency is a local health clinic with approximately 20 employees who see roughly 804 people a year for HIV-related services and devote a little more a third of their budget to HIV-services.
- ❑ The typical staff is fairly diverse but probably needs additional training to better deliver HIV and AIDS related information as well as interact with minority clients and homosexual clients.
- ❑ The typical client is male, lives below the poverty level, is heterosexual, and over one-third of the time will either require financial assistance or be a minority.
- ❑ Both clients and agencies are unaware of all the HIV-related agencies, services, and resources available in their local area with clients only being able to name 2-3 on average and agency director only 4 other agencies on average.
- ❑ Both agencies and clients felt that the state of Kansas was doing a very good job of delivering HIV services with high (65+%) approval ratings.
- ❑ Agencies and clients felt that confidentiality and fear issues were still the main reasons why high-risk individuals did not get tested. However, a lack of awareness about the services also seemed prominent.
- ❑ Both agencies felt strongly that more funding, more advertisements, more education, and more awareness are needed to improve the existing condition of HIV services in the state. These in turn were perceived to be the key ways of changing high-risk behaviors.
- ❑ The average client who returned the survey was female, 30-39 years old, Caucasian, heterosexual, had a High School diploma, made less than \$10,000 a year but worked full-time, single, but lived with someone else.

- ❑ The average client was also likely to regularly practice safe sex, have been tested for HIV, have a family that supports their lifestyle, and has access to the internet.
- ❑ Both agencies and clients feel that the most important characteristics to an HIV organization are confidentiality and a professional and friendly staff. It is also important for that organization to provide lots of free or low cost services and supplies and have lots of available educational materials and information.
- ❑ The majority of responding agencies did not feel that they were basing their services on a particular model, theory, or approach.
- ❑ When both clients and agencies rated agency characteristics, there was a very strong positive consensus that the agencies were performing exceptionally well (consistent ratings above 4.00). In most instances, the clients actually gave the agencies higher ratings than the agency directors and any time there was a significant difference between the rating means, the clients had higher (more favorable) ratings.
- ❑ Agency characteristics that were of concern (received lower ratings compared to other areas) were: proximity of the agency to their clients, and whether childcare services were available. Agencies also had comparatively low ratings for the amount of advertising done and the degree to which support groups were provided.
- ❑ When both clients and agencies rated HIV services, there was again, a very strong positive consensus that the agencies had exceptional services. Again, the clients generally gave higher ratings than the agencies suggesting a very positive perception and in the three case where there was a significant difference in the gap analysis, the clients had higher ratings.
- ❑ HIV Services that were of concern (received lower ratings compared to other areas) were: transportation assistance, help with legal issues, help with job searches, and help with food. Agencies also had comparatively low ratings for mobile test sites, support groups, help with medication expenses (though clients rated this very high), emergency financial help (clients also rated this high), and agency websites.
- ❑ When asked about the which services were currently available, agencies rated HIV Testing, counseling for HIV, providing HIV Literature/Education/Information, experimental therapies, and free condom distribution as most common. Client use of these services was quite similar except for experimental therapies.

- ❑ Most agencies felt that the best services to add in the future were: experimental therapies, safe sex seminars, and support groups. Clients felt that the best services to add would be: dental services, additional help with medication costs, help with legal issues, providing financial support for emergencies, help with insurance issues, and more information on HIV as well information on discrimination, housing, and social security issues.
- ❑ Both clients and agencies felt that the most effective ways of communicating HIV information to the general public were: health clinics, word of mouth, sex education in schools, brochures/pamphlets, and personal physicians/nurses. Mailing information to people, newspaper ads, and magazines were the least effective ways identified.
- ❑ When asked which communication methods they actually used, agencies rated word of mouth, brochures/pamphlets, and sex education in schools very highly. Clients, on the other hand, preferred to get their information through health clinics, word of mouth, and their personal physician.

HIV Prevention Theories

Theoretical models can often be used to supplement HIV prevention concepts. Below is an overview of three main theories that can be applied to HIV prevention. The Health Belief Model, Social Cognition Theory, and Diffusion of Innovations are discussed below.

Health Belief Model

This theory discusses the idea of perceived susceptibility and perceived threat, which serve as motivators for positive health changes. These terms identify perceived personal risk of contracting the disease or the threat the disease poses to an individual. It focuses on the individual's impression of negative consequences from the disease. Ultimately, the more vulnerable people feel about contracting the disease, there is a greater likelihood that the person will modify his or her behavior.

Research has shown the Health Benefit Model can be applied to individuals at risk of contracting HIV/AIDS, particularly concerning safer sex practices. In a study conducted by Montealm and Myer in 2000 it was discovered that the "low risk" label given to the lesbian community by the CDC proved to be detrimental to this groups health perception. It was found that over one-third of the survey respondents (n = 248) did not perceive themselves to be at risk of contracting HIV. Over three-fourths of the women used no protective barriers during sexual intercourse.

Another study done by Petosa and Jackson in 1991 showed that with this model often a required trigger must be provided in order to begin the behavior change process. Examples of these would be media messages, or even illness of friend or family. The Health Belief Model strongly encourages high-risk people to have their perception of risk

increased and given more knowledge about the real effects and consequences of HIV infection.

Social Cognitive Theory

Social Cognitive Theory represents an interaction between behavioral, social, and physical factors. Incentives and expectations are the primary forces that influence changes in these factors. People are more likely to engage in safer behavior when they believe that their behavior change will decrease their risk of the disease. It is also imperative that the person believes they have the ability to make these changes. Another important factor is for an individual to not just know about AIDS being a negative outcome, but to take action. The more confident and in control a person feels about their ability to engage in behavior, the more likely they will do what is intended.

Health care providers facilitate learning through the Social Cognitive Theory by providing models for positive health behaviors on a regular basis, such as teaching the patient to engage in their own monthly breast exams. Therefore HIV/AIDS service agencies can utilize the same idea in teaching safer sexual behaviors, like condom use and regular testing.

Diffusion of Innovations

Diffusion of Innovations is the process through which a new idea is communicated and adopted into a population. There are four necessary components in this process: 1) the channels of communication, 2) opinion leaders or champions supporting the new idea, 3) time and process to diffuse and accept the idea, 4) a social network to link population members.

Research conducted by Barker and Rogers (1998) focused on the successes of four major U.S. companies (DEC, Levi-Strauss, Bell South Telecommunications, and American Airlines) in their efforts to implement an AIDS work-site program. Some essential commonalities between these companies included: open channels of communication, a respected opinion leader with access to the corporations top managers, the corporations top managers supporting the program, and allowing time for the workers to reach a level of consciousness about the AIDS epidemic before proceeding with a work-site program (sometimes this occurred in the form of an emergency). "The basic notion of encouraging U.S. companies to adopt AIDS workplace programs is a promising health communication strategy to reach the millions of Americans who are employees of these companies" (Barker & Rogers, 1998, p. 27).

The Diffusion of Innovations Theory was researched for its effectiveness within culturally unique populations (Rao & Srenkerud, 1998). The researchers focused on two cities, San Francisco and Bangkok, with culturally unique populations. The most effective programs in these cities emphasized a culturally sensitive approach to disseminating information. Rather than trying to reach a broad population they narrowed their focus to a specific population based on demographic and/or behavioral characteristics. These programs also utilized outreach workers with similarities to the members of the population. The outreach workers attempted to gain awareness for what the client values, needs, trust and respects.

Conclusions

Each of these theories represents different ideas to how and why people should change their behavior. Some of these ideas were further discussed in our focus groups but moreso we looked at what the individuals themselves felt was most important in getting the awareness out about AIDS and HIV prevention. We looked at a variety of different people in different areas of the state of Kansas. What we found was quite similar to some of the theories but led to further examination of getting information across and how to change peoples behavior.

All the theories share a desire to get information out, educate people, and make them aware of HIV. People must be aware of what they can and should do to prevent HIV and also be aware of the very real and dangerous consequences of the disease.

Two of the three models advocate targetting specific groups and populations. However, it is interesting to note that the focus groups that were specifically asked about whom to target, felt very strongly that the general public was a better target. Further research may want to be initiated examine the optimal target group for maximum impact.

Study Recommendations

It should be noted that the results from both the focus group and the mail-out surveys were extremely positive about the state of HIV Prevention Services in Kansas. In fact, the ratings in particular from the Client Surveys are quite exceptional and suggest that the state is doing an exemplary job. There was nothing uncovered that suggested there were any major deficiencies or serious problems with the quality or quantity of the agencies and services. This is very encouraging news.

However, there are always areas for improvement and based on the accumulated findings of this Needs Assesemt, the following recommendations are put forth.

- More advertising related to HIV and AIDS is needed to continue to educate the state population and make them aware of the issues surrounding the disease. This advertising must include the real consequences of engaging in risky behaviors related to contracting HIV where possible and appropriate.
- More education about HIV and AIDS is needed in schools. The focus groups seemed to think that junior high was the appropriate time to begin to expose children to the basic concepts of HIV via sex education and health classes.
- Comprehensive listings of HIV Services and Agencies in all counties and towns/cities need to be prepared and distributed so that the local population is fully aware of where to go for HIV-related information and service. This should be accompanied by straightforward statistics that show the prevalency rates of HIV and AIDS in their respective county or town so that people understand that it can and does happen in their own backyard and that everyone is potentially at risk (and not just certain groups).

- The “best and most effective” HIV-related clinics, programs, and agencies should be identified and used as model for improving existing agencies and also used as the template for new HIV-related agencies and services in the state.
- Clinics and agencies must exert more effort and resources in finding ways to meet the needs of minorities and rural Kansans. Increased training for staff is one such avenue. This issue also extends to individuals with transportation problems in rural areas.
- The Kansas government must make HIV and AIDS a visible state priority and take a more predominant role in making people aware of the issues. High levels of funding are needed ensure that the excellent HIV services system is maintained primarily through additional training for staff and available resources like condoms and information.
- More training and education must go into ensuring the strictest confidentiality measures and protocols for the testing and treatment of HIV and AIDS. The consequences of developing a negative reputation for not controlling privacy was strongly born out in the focus groups.
- Administrative bodies overseeing HIV services in the state need to better promote theory and research that has been found to improve the dissemination of information and result in behavior changes. Agencies and clinics need to be more aware of what theories are being used as the primary foundation for why they do things the way they do. Effective models of prevention should be more fully explored.
- Agencies that have the capability to provide additional services may want to focus on providing a resource person that is knowledgeable about legal, financial, housing, job opportunities, and job search issues as clients appear to have expanding interests. Help with food, medications, transportation, and finances also seems to be another area of need even if just making clients aware of other programs that offer that type of assistance. Finally, providing more support group opportunities is desirable.
- Health clinic staff, counselors, and medical staff along with HIV-related literature should to continue to be the primary way of transmitting information to the general public. Broad, sweeping forms of communicating like TV, mail, and newspapers may be perceived as too informal for such a sensitive topic. Actively promoting HIV information in school sex education and health classes is another effective method.
- Future reseach on HIV Prenvention Services should consider expanding the role of the focus groups and have surveys taken in person rather than through the mail.

APPENDICES

Appendix A: Project Work Plan (Objectives, Tasks, and Timeline)

January, 2002

- a) Collect all available and pertinent resources, reports, and studies related to HIV/AIDS Prevention and Needs Assessment, high-risk populations, epidemiological profiles, available prevention programs and services, Ryan White CARE Act, and become familiar with related terminology, agencies, and programs.
- b) Meet with appropriate Kansas State Department of Health and Environment, HIV/STD Section, (KDHE) members and the Kansas HIV Prevention Community Planning Group (CPG) to jointly outline and more fully detail the research design, work plan, and overall strategy for conducting the Needs Assessment. Determine appropriate focus groups and survey participants. Explore options and alternatives for maximizing the potential of the study.
- c) Communicate and coordinate with all appropriate Jones Institute for Educational Excellence personnel on determined research plan and time line.

February, 2002

- a) Establish appointments to meet and interview previously defined focus groups. Consult theoretical prevention models, prepare multicultural research methodologies as needed, and prepare initial drafts of survey instruments. Begin constructing statistical database for data entry.
- b) Begin meeting with focus groups. Revise survey instruments on the basis of information provided by focus groups and begin analyzing qualitative data.
- c) Contact KDHE and CPG to review progress and discuss modifications, revisions, and possible changes in methodology as needed. Obtain Resource Inventory information.

March, 2002

- a) Continue meeting with focus groups. Finish survey instruments, finish statistical database, and obtain final consensus with KDHE and CPG for dissemination.
- b) Pilot the test survey to a small sample.
- c) Provide Quarterly Progress Report with any modifications from original research design by the end of the month.

April, 2002

- a) Finish any remaining focus group meetings. Make final modifications to survey.
- b) Disseminate surveys to prevention agencies, consumers of prevention agencies, and other relevant participants identified in earlier data collection and information. Use KDHE and CPG as an intermediary to get surveys to the participants while maintaining confidentiality and anonymity.
- c) Begin preparing basic and preliminary sections of first draft of the final report including qualitative data from the focus groups. Receive and enter survey data into statistical database as it arrives.

May, 2002

- a) Collect all remaining survey data and enter into the statistical database. Determine if sufficient data (response rate) has been achieved; consider alternatives, such as follow-up letters if not.
- b) Begin generating basic demographic information and regional information using quantitative data. Continue to add sections to the report draft. Integrate epidemiological data from Kansas and other relevant reports/studies into report draft. Discuss existing trends in epidemiological data.

June, 2002

- a) Clean the data to insure validity and reliability. Begin conducting primary analyses.
- b) Provide Quarterly Progress Report with some preliminary findings by the end of the month.
- c) Determine if any additional modifications are needed to the research plan and potentially visit 1-2 additional focus groups to further interpret any potential discrepancies in quantitative and qualitative findings.

July, 2002

- a) Continue conducting primary analyses. Begin conducting secondary analyses based on feedback and input from KDHE and CPG. Generate initial tables, graphs, and break-out discussions on relevant analyses and include in report draft. Begin adding any relevant appendices.
- b) Start gap analysis by identifying which segments of the affected population are not receiving prevention services and which services/programs are rated as most beneficial. Suggest intervention strategies.
- c) Begin exploring any identifiable trends and examine exploratory analyses.

August, 2002

- a) Finish all data analyses. Begin to pull all quantitative and qualitative data together into comprehensive evaluation. Generate some prevention models in connection with existing data and theoretical models. Coordinate with KDHE and CPG on reducing barriers to prevention services, recommendations on changes in existing programs/strategies, and how affected Kansas population can be better served.
- b) Move towards completion of first draft of Needs Assessment report.

September, 2002

- a) Finish first draft of Needs Assessment report.
- b) Begin to add tables, graphs, figures, references, and additional commentary as needed to provide more graphic representation in the report.
- c) Provide Quarterly Progress Report with all major findings and update on report draft by the end of the month.

October, 2002

- a) Finish second draft of Needs Assessment report. Meet with KDHE and CPG to see what else needs to be added, revised, or modified in report.

November, 2002

- a) Generate final draft of the Needs Assessment report. Proof everything with Publications Director at Jones Institute for Educational Excellence.
- b) Prepare for professional development, printing, and presentation of report.

December, 2002

- a) Submit final report (one print and one electronic copy) to KDHE and CPG before end of the year.
- b) Provide Quarterly Progress Report with all major findings and update on report draft by the end of the month.
- c) Prepare presentational materials on report findings with possible publication and press releases (as appropriate).

January, 2003

- a) Make final presentation to KDHE and CPG.
- b) Conclude contract.

Appendix B: Focus Group Questions

LIST OF FOCUS GROUP QUESTIONS

- 1) How many different federal, state, and local agencies/programs can you name that provide HIV/AIDS-related services (prevention, information, testing, counseling) in your community? In Kansas?
- 2) Are you familiar with the following agencies/programs in your community (listed on handout)?
- 3) Which of those agencies/programs that you are familiar with are the most helpful/trusted/effective? Why?
- 4) Which of those agencies/programs that you are familiar with are the least helpful/trusted/effective? Why?
- 5) What is the best way to provide HIV/AIDS information to interested persons? How effective are sources like the internet, TV, radio, brochures/pamphlets, schools, physicians, clinics, speakers, etc.? How would YOU prefer to receive information about HIV/AIDS if you were interested in knowing more?
- 6) How could the HIV/AIDS prevention messages be better communicated? Should these messages be targeted more at the general population or the higher at-risk groups?
- 7) What can be done in your community to help stop the spread of HIV/AIDS? What can a person do at the individual level to help stop the spread?
- 8) If you needed to get tested for HIV or were going to refer a friend, where would prefer to have the testing done (or where would you recommend)? Why?
- 9) Why do you believe people, especially those at high risk for contracting HIV, do NOT get tested for HIV?
- 10) How can we get people, especially those at high risk, to change their personal behaviors to reduce their likelihood of contracting HIV or to get tested if they suspect they are HIV+?
- 11) What barriers are there to having people change their personal behaviors to reduce their HIV risk for both prevention and testing (social, gender, political, economic, religious, environmental, cultural, etc.)?
- 12) How can the state of Kansas and your local community better meet your needs in regards to HIV/AIDS prevention services? How can they better allocate their resources?

Appendix C: Focus Group Demographic Sheet and Informed Consent Form

Demographic Questionnaire

(Please rest assured that your answers to these questions will be kept in complete confidentiality. The questions are only necessary for future classification of responses by appropriate demographic variables.)

1. What is your county of residence?

2. What is your gender? (circle one)
 - a. male
 - b. female
 - c. transgender
3. Which age category best describes you? (circle one)
 - a. <13
 - b. 13 – 19
 - c. 20 – 24
 - d. 25 – 29
 - e. 30 – 39
 - f. 40 – 49
 - g. 50 or older
4. What is your religious or spiritual orientation, if you have one?

5. Which category best describes your racial background? (circle one)
 - a. African American/Black
 - b. Caucasian/White
 - c. Asian/Pacific Islander
 - d. Hispanic or Latino
 - e. Native American/Alaskan
Native/Eskimo
 - f. Mixed Background (specify)

 - g. Other Group (specify)

6. Which category best describes your sexual orientation by gender?
 - a. Gay male
 - b. Bisexual male
 - c. Lesbian female
 - d. Bisexual female
 - e. Heterosexual male
 - f. Heterosexual female
 - g. Other (specify)

7. Please circle the category below that best describes how much education you have completed.
 - a. Did not graduate from high school. (What grade did you complete? _____)
 - b. High School (or High School equivalency)
 - c. Trade or vocational school
 - d. Some college (How many semesters of college have you completed? _____)
 - e. 4-year college degree
 - f. Post-graduate degree (MA, Ph.D., other)
 - g. Other (specify)

8. (For Adolescents) Please circle the category below that best describes how much education you have completed.
 - a. Grade school
 - b. 9th grade
 - c. 10th grade
 - d. 11th grade
 - e. 12th grade
 - f. High school graduate
 - g. Some college

9. (For Adolescents) Are you currently enrolled in school? (circle one)

- a. Yes
- b. No

10. Which category best describes your current average monthly household income?

- a. \$0 - \$499
- b. \$500 - \$999
- c. \$1,000 - \$1,999
- d. \$2,000 - \$2,999
- e. \$3,000 - \$3,999
- f. \$4,000 or over
- g. Don't know

11. Please circle the category below that best describes your current employment status.

- a. Not working, but looking for work
 - b. Part-time work (<35 hours a week)
 - c. Full-time work (35 hours a week or more)
 - d. On disability
 - e. Not working
 - f. Volunteering
 - g. Other (specify)
-

12. Are you diagnosed with HIV and/or AIDS? (circle one)

- a. Yes, I am diagnosed with HIV.
- b. Yes, I am diagnosed with AIDS.
- c. No, I am not diagnosed with either HIV or AIDS.

Informed Consent Form

The Department of Psychology and Special Education at Emporia State University supports the practice of protection for human subjects participating in research and related activities. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach.

The study requires that you complete the enclosed demographic survey. Please note that you are not being asked to provide your name or any other personal identifier – the survey is completely anonymous and confidential. It should not take more than 5 minutes for you to complete this survey. After completion of the survey, you will be asked a series of questions about what HIV prevention needs you might have, what agencies help you meet those needs, and which of your needs are not being met. Participation in the question-and-answer session (focus group) is voluntary. If you agree to it, the session may be audio-taped. If you do not agree to be audio-taped, an assistant will take down notes. At no time will anyone on the audiotapes be identified. The focus group session will last about 1 hour.

The major benefits of this study would be (1) uncovering what HIV prevention needs different HIV at-risk populations in Kansas have, (2) understanding which of these needs are being met and which are not, and (3) finding out what agencies/organizations are most/least helpful in meeting those needs. By participating in this study, you are helping to fill in those knowledge gaps. This in turn, will result in better service for you in the future. If you have any additional questions or concerns, you may contact Dr. Brian W. Schrader of Emporia State University at (620) 341-5818.

"I have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the potential risks involved and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subjected to reproach.

Name: _____

Date: _____

Parent or Legal Guardian: _____

Date: _____

(if participant is under age 18)

Appendix D: Agency and Client Surveys and Cover Letters

Agency Cover Letter

Dear HIV/AIDS Agency Director,

You are being asked to help provide data for the 2002 Kansas HIV/AIDS Needs Assessment Study sponsored by the Kansas Department of Health and Environment and Kansas Community Planning Group, and conducted by the Jones Institute for Educational Excellence at Emporia State University.

We need your help in two ways. First, enclosed with this cover letter you will find a Needs Assessment Survey (Agency). We would like the respective Agency, Program, or Organization Director to fill out the survey and mail it to us in the postage paid, return envelope **by Oct. 18, 2002.**

Second, we would like to ask you to please distribute the 5 enclosed sealed envelopes to 5 different clients (NOT employees) who utilize some aspect of your HIV/AIDS prevention services (e.g., testing, counseling, information, support groups). Handing them out to clients when they visit your agency is fine. Please do not open the envelopes; the client can do this in private. You can tell them that it is an HIV/AIDS Needs Assessment for the state of Kansas and that their comments will help to improve the quality of those services. The survey is completely anonymous and confidential. Additionally, we are giving away Wal-Mart gift certificates to the first 25 surveys received and all completed surveys received by Oct. 18 will be entered into drawings for over \$250 worth of Wal-Mart gift certificates. There is a cover sheet in the sealed envelopes for the client that describes what they need to do. Some of the sealed envelopes may be coded as "Spanish" and contain Spanish versions of the survey; please give these to the appropriate Spanish-speaking clients.

If any of your clients need assistance in completing the survey please have them call us toll-free at the Jones Institute for Educational Excellence at (877) 378-5433. For any additional questions or concerns, you may contact me, Dr. Brian W. Schrader, at (620) 341-5818.

Again, THANK YOU for helping us collect this vital data for the state.

Sincerely,

Brian W. Schrader, Ph.D., Needs Assessment Researcher

2002 HIV/AIDS Kansas Needs Assessment Survey (Agency)

Please write down the name and address of this organization/agency/program.

Name: _____ Phone: _____
 Address: _____ City/Zip: _____
 Website URL: _____ Fax: _____

ORGANIZATION / AGENCY / PROGRAM CHARACTERISTICS

For each item, circle the number that best describes your agency using the following scale:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

You may also circle **N/A** if you don't know the answer or it doesn't apply to you.

1) Quality of the HIV Prevention Services	5	4	3	2	1	N/A
2) Friendliness and Courtesy of the Staff	5	4	3	2	1	N/A
3) Available Parking	5	4	3	2	1	N/A
4) Close to Public Transportation (e.g., bus)	5	4	3	2	1	N/A
5) Near to majority of clients	5	4	3	2	1	N/A
6) Child care services available	5	4	3	2	1	N/A
7) Interpreter/Translation Services available	5	4	3	2	1	N/A
8) Professional and Well-Trained Staff	5	4	3	2	1	N/A
9) On-time with appointments and services	5	4	3	2	1	N/A
10) Provide lots of HIV/AIDS information	5	4	3	2	1	N/A
11) Provide HIV testing	5	4	3	2	1	N/A
12) Help clients get to the agency	5	4	3	2	1	N/A
13) Maintain client confidentiality	5	4	3	2	1	N/A
14) Have a good reputation with the community	5	4	3	2	1	N/A
15) Advertise/Promote services well	5	4	3	2	1	N/A
16) Assist with case management issues	5	4	3	2	1	N/A
17) Provide support groups/meetings	5	4	3	2	1	N/A
18) Relate well to your clients	5	4	3	2	1	N/A
19) A good variety of services available	5	4	3	2	1	N/A
20) Services are free or at a low price	5	4	3	2	1	N/A

21) What THREE characteristics do you feel are most important in providing quality HIV-prevention services to your clients?

a) _____ b) _____ c) _____

HIV SERVICES

For each HIV Service listed below, circle Y (YES) or N (NO) if your agency currently provides it AND if Yes, how you would rate the current service on the scale below:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

Also, circle Y (YES) or N (NO) in the last column if you think this service needs to be offered by the agency in the future.

22) HIV SERVICE	Provide Service Now	R	A	T	I	N	G	Need this in future
HIV Testing	Y N	5	4	3	2	1	N/A	Y N
Counseling for HIV/AIDS	Y N	5	4	3	2	1	N/A	Y N
Medical Services and Physical examinations	Y N	5	4	3	2	1	N/A	Y N
Telephone Hotlines	Y N	5	4	3	2	1	N/A	Y N
Home-based Services	Y N	5	4	3	2	1	N/A	Y N
Information on Social Security, Housing, and Discrimination	Y N	5	4	3	2	1	N/A	Y N
Mobile Test Sites	Y N	5	4	3	2	1	N/A	Y N
Dental Services	Y N	5	4	3	2	1	N/A	Y N
Experimental Therapies	Y N	5	4	3	2	1	N/A	Y N
Help with Insurance Issues	Y N	5	4	3	2	1	N/A	Y N
Substance abuse services	Y N	5	4	3	2	1	N/A	Y N
Mental health services	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS education and training	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS Literature/Brochures	Y N	5	4	3	2	1	N/A	Y N
Free condom distribution	Y N	5	4	3	2	1	N/A	Y N
Free syringe and needle distribution	Y N	5	4	3	2	1	N/A	Y N
Clean needle exchange	Y N	5	4	3	2	1	N/A	Y N
Street Outreach programs	Y N	5	4	3	2	1	N/A	Y N
Safe Sex seminars	Y N	5	4	3	2	1	N/A	Y N
Transportation Services	Y N	5	4	3	2	1	N/A	Y N
Help with Legal Issues	Y N	5	4	3	2	1	N/A	Y N

HIV SERVICES (continued)

For each HIV Service listed below, circle Y (YES) or N (NO) if your agency currently provides it AND if Yes, how you would rate the current service on the scale below:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

Also, circle Y (YES) or N (NO) in the last column if you think this service needs to be offered by the agency in the future.

23) HIV SERVICE	Provide Service Now	R	A	T	I	N	G	Need this in future
Help with Job Searches	Y N	5	4	3	2	1	N/A	Y N
Food Bank / Meals delivered to client homes	Y N	5	4	3	2	1	N/A	Y N
Client Support Groups	Y N	5	4	3	2	1	N/A	Y N
Support Groups for partners, family, friends	Y N	5	4	3	2	1	N/A	Y N
Help with Cost of Medications	Y N	5	4	3	2	1	N/A	Y N
12-step Programs	Y N	5	4	3	2	1	N/A	Y N
Emergency Financial Help	Y N	5	4	3	2	1	N/A	Y N
Case Management	Y N	5	4	3	2	1	N/A	Y N
Agency Websites	Y N	5	4	3	2	1	N/A	Y N

HIV/AIDS INFORMATION

Which of the methods below do you think is optimal for effectively getting HIV and AIDS information to your clients and the public? Circle Y (YES) if it's an effective method or N (NO) if it's not effective. Also, circle Y (YES) or N (NO) if your agency uses this method to provide HIV/AIDS information to clients/public.

24) METHOD	Effective Method	You use this method	METHOD	Effective Method	You use this method
<i>TV Ads</i>	Y N	Y N	Radio Ads	Y N	Y N
<i>Computer Websites</i>	Y N	Y N	<i>Brochures / Pamphlets</i>	Y N	Y N
<i>Word of Mouth</i>	Y N	Y N	<i>Mail Ads</i>	Y N	Y N
<i>Newspaper Ads</i>	Y N	Y N	<i>Magazine Ads</i>	Y N	Y N
<i>Health Clinic</i>	Y N	Y N	<i>Doctor or Nurse</i>	Y N	Y N
<i>Outreach Programs</i>	Y N	Y N	<i>Seminars / Workshops</i>	Y N	Y N
<i>Phone Hotlines</i>	Y N	Y N	<i>School Sex Education</i>	Y N	Y N

SHORT ANSWER INFORMATION

- 25) How many different agencies/program/organizations do you know of that provide HIV-prevention services in your county? _____
- 26) What do you find to be the most effective way of getting HIV and AIDS information to special target groups (e.g., MSMs, Gay Men of Color)? _____

- 27) What do you find to be the most effective way of getting HIV and AIDS information to the general public? _____

- 28) What factors prevent people from using HIV-prevention services in your area? _____

- 29) Do you feel the state of Kansas does a good job in providing HIV-prevention services? Why or Why Not? _____

- 30) What needs to be done to improve HIV-prevention services in the state? What needs are NOT being met? _____

- 31) What can be done to reduce people engaging in risky behavior that can lead to contracting HIV and increase their desire to get tested? _____

- 32) What is your main prevention strategy in reducing HIV/AIDS? _____

- 33) Do you base your services on a known theory or approach to combating HIV and AIDS? If so, which one? _____

CLIENT INFORMATION

34) How many different clients do you provide HIV/AIDS-related services for during a given year? _____

35) What percentage of your total annual budget is devoted to HIV/AIDS-related services? _____

For each question, please indicate what percentage (0-100%) of your total clients would meet the listed criteria to the best of your ability

What percentage of your total clients:	Percentage (0-100%)
36) are Male	
37) are Under 18 Years of Age	
38) are HIV Positive	
39) have Contracted AIDS	
40) are Intravenous drug-users	
41) are Homosexual, bisexual, or two-spirited	
42) live at or below the poverty level	
43) are 65 Years of Age or Older	
44) visit your agency at least once a month on average	
45) require transportation assistance to visit you	
46) require financial assistance to use your services	
47) are homeless or live on the streets	
48) regularly get tested for HIV	
49) request HIV/AIDS related information	
50) are transgender	
51) are NOT White/Caucasian	
52) are non-English speaking	

53) Which of the following would best describe your agency/organization/program?

- | | |
|--|---------------------------------|
| _____ Hospital/University-affiliated clinic/agency | _____ Social Services agency |
| _____ Public Community Health/Medical Clinic | _____ AIDS Service organization |
| _____ Native American Health Clinic | _____ Gay/Lesbian Service org. |
| _____ Ethnic/Minority Services organization | _____ Private Agency |
| _____ Other (please specify) _____ | |

STAFF INFORMATION

54) How many total staff does your agency/organization/program have? _____

For each question, please indicate what percentage (0-100%) of your total staff would meet the listed criteria to the best of your ability

What percentage of your total staff are:	Percentage (0-100%)
55) Male	
56) Gay	
57) Lesbian	
58) Bi-Sexual	
59) Former drug-users	
60) <u>Not</u> White/Caucasian	
61) Transgender	
62) Two-spirited	
63) Specially trained in HIV/AIDS prevention and/or related topic areas (e.g., drug users, homosexuality)	
64) Are involved in duties primarily related to HIV/AIDS prevention services	
65) Speak/read two or more languages	

Thank you very much for participating in this survey!

Client Cover Letter (English)

Dear Recipient,

You are being asked to participate in the 2002 Kansas HIV/AIDS Needs Assessment Study sponsored by the Kansas Department of Health and Environment, and conducted by the Jones Institute for Educational Excellence at Emporia State University. The study requests that you complete the enclosed HIV/AIDS Needs Assessment Survey. One of the participating agencies has provided this survey to you at random. No personal information has or will be given out about you; the survey is completely anonymous and confidential. It should not take more than a few minutes for you to complete this survey. After completing the survey, please mail it back in the provided, postage paid return envelope. By completing the survey and mailing it back to us, you are agreeing to participate in this research and we appreciate your involvement.

Your confidential views, opinions, and information are VERY IMPORTANT in helping to improve HIV/AIDS Prevention Services around Kansas in the upcoming year. If you need assistance in completing the survey please call the Jones Institute for Educational Excellence toll-free at (877) 378-5433. For any additional questions or concerns, you may contact Dr. Brian W. Schrader at (620) 341-5818.

As a way of saying "Thank You" for participating in the study, we are giving away a \$20 Wal-Mart gift certificate to the first 25 people who return a completed survey. Also, everyone who returns a completed survey by Oct. 18, 2002 will be entered into three separate drawings, each for \$260 worth of Wal-Mart gift certificates. Just cut off the slip of paper below with your name and an address where we can mail the certificate if you win and include it in the postage paid return envelope. Please be assured your certificate slip will be separated from the survey as soon as we receive it, as your confidentiality is important to us! Winners will receive their prize in the mail. Thank you for participating!

Brian W. Schrader, Ph.D., Needs Assessment Researcher

cut off this slip, fill it out, and mail it in with your survey to be entered in our gift certificate drawings
the slip will be separated from your survey to preserve confidentiality as soon as we receive them

Name: _____ Address: _____

2002 HIV/AIDS Kansas Needs Assessment Survey (Client)

All responses will be kept confidential and anonymous.

Please write down the name of the organization/agency/program that gave you this survey, their address, and the city where the organization/agency/program is located.

Name: _____

Address: _____ City: _____

ORGANIZATION / AGENCY / PROGRAM CHARACTERISTICS

For each item, circle the number that best describes the agency that you listed above using the following scale:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

You may also circle **N/A** if you don't know the answer or it doesn't apply to you.

1) Quality of the HIV Prevention Services	5	4	3	2	1	N/A
2) Friendliness and Courtesy of the Staff	5	4	3	2	1	N/A
3) Available Parking	5	4	3	2	1	N/A
4) Close to Public Transportation (e.g., bus)	5	4	3	2	1	N/A
5) Near to where you live	5	4	3	2	1	N/A
6) Child care services available	5	4	3	2	1	N/A
7) Interpreter/Translation Services available	5	4	3	2	1	N/A
8) Professional and Well-Trained Staff	5	4	3	2	1	N/A
9) On-time with appointments and services	5	4	3	2	1	N/A
10) Provide lots of HIV/AIDS information	5	4	3	2	1	N/A
11) Provide HIV testing	5	4	3	2	1	N/A
12) Help clients get to the agency	5	4	3	2	1	N/A
13) Good confidentiality; you can trust them	5	4	3	2	1	N/A
14) Have a good reputation with the community	5	4	3	2	1	N/A
15) Advertise/Promote their services well	5	4	3	2	1	N/A
16) Assist with case management issues	5	4	3	2	1	N/A
17) Provide support groups/meetings	5	4	3	2	1	N/A
18) Relate well to their clients	5	4	3	2	1	N/A
19) A good variety of services available	5	4	3	2	1	N/A
20) Services are free or at a low price	5	4	3	2	1	N/A

21) What THREE characteristics are most important to you with an agency that provides HIV/AIDS Services?

a) _____ b) _____ c) _____

HIV SERVICES

For each HIV Service listed below, circle Y (YES) or N (NO) if you use it now AND if Yes, how you would rate the current service on the scale below:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

Also, circle Y (YES) or N (NO) in the last column if you'd like the service to be offered by the agency in the future.

22) HIV SERVICE	I use it now	R	A	T	I	N	G	I'd like it to be offered
HIV Testing	Y N	5	4	3	2	1	N/A	Y N
Counseling for HIV/AIDS	Y N	5	4	3	2	1	N/A	Y N
Medical Services and Physical examinations	Y N	5	4	3	2	1	N/A	Y N
Telephone Hotlines	Y N	5	4	3	2	1	N/A	Y N
Home-based Services	Y N	5	4	3	2	1	N/A	Y N
Information on Social Security, Housing, and Discrimination	Y N	5	4	3	2	1	N/A	Y N
Mobile Test Sites	Y N	5	4	3	2	1	N/A	Y N
Dental Services	Y N	5	4	3	2	1	N/A	Y N
Experimental Therapies	Y N	5	4	3	2	1	N/A	Y N
Help with Insurance Issues	Y N	5	4	3	2	1	N/A	Y N
Substance abuse services	Y N	5	4	3	2	1	N/A	Y N
Mental health services	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS education and training	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS Literature/Brochures	Y N	5	4	3	2	1	N/A	Y N
Free condom distribution	Y N	5	4	3	2	1	N/A	Y N
Free syringe and needle distribution	Y N	5	4	3	2	1	N/A	Y N
Clean needle exchange	Y N	5	4	3	2	1	N/A	Y N
Street Outreach programs	Y N	5	4	3	2	1	N/A	Y N
Safe Sex seminars	Y N	5	4	3	2	1	N/A	Y N
Transportation Services	Y N	5	4	3	2	1	N/A	Y N
Help with Legal Issues	Y N	5	4	3	2	1	N/A	Y N

HIV SERVICES (continued)

For each HIV Service listed below, circle Y (YES) or N (NO) if you use it now AND if Yes, how you would rate the current service on the scale below:

5 = Excellent 4 = Good 3 = Fair 2 = Poor 1 = Very Poor

Also, circle Y (YES) or N (NO) in the last column if you'd like the service to be offered by the agency in the future.

23) HIV SERVICE	I use it now	R	A	T	I	N	G	I'd like it to be offered
Help with Job Searches	Y N	5	4	3	2	1	N/A	Y N
Food Bank / Meals delivered to home	Y N	5	4	3	2	1	N/A	Y N
Support Groups for me	Y N	5	4	3	2	1	N/A	Y N
Support Groups for partners, family, friends	Y N	5	4	3	2	1	N/A	Y N
Help with Cost of Medications	Y N	5	4	3	2	1	N/A	Y N
12-step Programs	Y N	5	4	3	2	1	N/A	Y N
Emergency Financial Help	Y N	5	4	3	2	1	N/A	Y N
Case Management	Y N	5	4	3	2	1	N/A	Y N
Agency Websites	Y N	5	4	3	2	1	N/A	Y N

HIV/AIDS INFORMATION

Which of the methods below will best provide information about HIV and AIDS to the public? Circle Y (YES) if it's an effective method or N (NO) if it's not effective.

Also, circle Y (YES) or N (NO) if YOU like to learn new information about HIV and AIDS through this method

24) METHOD	Effective Method	You use this method	METHOD	Effective Method	You use this method
<i>TV Ads</i>	Y N	Y N	Radio Ads	Y N	Y N
<i>Computer Websites</i>	Y N	Y N	<i>Brochures / Pamphlets</i>	Y N	Y N
<i>Word of Mouth</i>	Y N	Y N	<i>Mail Ads</i>	Y N	Y N
<i>Newspaper Ads</i>	Y N	Y N	<i>Magazine Ads</i>	Y N	Y N
<i>Health Clinic</i>	Y N	Y N	<i>Doctor or Nurse</i>	Y N	Y N
<i>Outreach Programs</i>	Y N	Y N	<i>Seminars / Workshops</i>	Y N	Y N
<i>Phone Hotlines</i>	Y N	Y N	<i>School Sex Education</i>	Y N	Y N

SHORT ANSWER INFORMATION

- 25) How many different agencies/program/organizations do you know of that provide HIV-prevention services in your county? _____
- 26) If a friend needed to get tested for HIV, where would you tell them to go?

- 27) Do you feel the state of Kansas does a good job in providing HIV-prevention services? _____
- 28) What factors prevent people from using HIV-prevention services in their county?

- 29) What can the state of Kansas do to improve their HIV-prevention services?

- 30) Would you support the mandatory HIV testing of prison inmates? _____
- 31) What can be done to reduce people engaging in risky behavior that can lead to contracting HIV and increase their desire to get tested? _____

- 32) What county do you live in? _____
- 33) What is your religious affiliation? _____

DEMOGRAPHIC INFORMATION

For each question, please circle the one best answer.

34) What is your gender?	<i>Male</i>	<i>Female</i>	<i>Transgender</i>		
35) What is your age?	<i>Under 18</i>	<i>18-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>
	<i>50-59</i>	<i>60-69</i>	<i>Over 70</i>		
36) What is your race or ethnic background?	<i>Caucasian/White</i>	<i>African-American</i>	<i>Hispanic/Latino</i>	<i>Asian</i>	<i>Native American</i>
	<i>Eskimo/Native Alaskan</i>	<i>Mixed</i>	<i>Other</i>		
37) What is your sexual orientation?	<i>Heterosexual (straight)</i>	<i>Homosexual (gay/lesbian)</i>	<i>Bi-Sexual</i>	<i>Two-spirited</i>	<i>Other</i>
38) What is your highest level of education?	<i>Did not graduate high school</i>	<i>High school diploma or GED</i>	<i>Some college or vocational training</i>	<i>4-Year Bachelor's Degree</i>	<i>Graduate Degree (Master's or Ph.D.)</i>
39) What is your current annual gross income?	<i>Less than \$10,000 a year</i>	<i>\$10,000-\$19,999 a year</i>	<i>\$20,000-\$29,999 a year</i>	<i>\$30,000-\$39,999 a year</i>	<i>\$40,000-\$49,999 a year</i>
	<i>\$50,000-\$59,999 a year</i>	<i>\$60,000-\$69,999 a year</i>	<i>\$70,000-\$79,999 a year</i>	<i>\$80,000-\$99,999 a year</i>	<i>Over \$100,000 a year</i>
40) What is your employment status?	<i>Not working (not retired or disabled)</i>	<i>Not working (but looking for work)</i>	<i>Part-Time < 36 hours per week</i>	<i>Full-Time 36+ hours per week</i>	<i>Disabled</i>
	<i>Retired</i>	<i>Volunteer</i>	<i>Other</i>		
41) What is your partner status?	<i>Single</i>	<i>Divorced or Separated</i>	<i>Widowed</i>	<i>Married</i>	<i>Living Together</i>
42) Who lives in your household? (circle all that apply)	<i>I live alone</i>	<i>Spouse/partner</i>	<i>Children</i>	<i>Parents</i>	<i>Roommate</i>

STATUS INFORMATION

For each statement, circle YES or NO.

43) I sometimes use illegal drugs.	YES	NO
44) I have had 6 or more different sex partners in the past year.	YES	NO
45) I regularly practice safe sex (e.g., use condoms)	YES	NO
46) I have a drinking problem.	YES	NO
47) I have been tested for HIV/AIDS.	YES	NO
48) I have been diagnosed as HIV+.	YES	NO
49) I have contracted AIDS.	YES	NO
50) I am a recovering alcoholic or drug user.	YES	NO
51) I have access to a computer with internet access.	YES	NO
52) I am homeless (live on the street).	YES	NO
53) I sometimes receive money, drugs, food, or shelter from another to have sex with them.	YES	NO
54) Most of my family supports my lifestyle?	YES	NO

Thank you very much for participating in this survey!

Your responses will be very useful in improving HIV-prevention services!

Client Cover Letter (Spanish)

Estimado participante,

Le estamos pidiendo que participe en una encuesta sobre el estudio y la educacion del SIDA/VIH en Kansas para el año 2002, patrocinado por el departamento de salubridad del estado de Kansas, y es conducido por el Instituto "Jones Educational Excellence" de la Universidad de Emporia. Este estudio requiere de llenar esta encuesta sobre la educacion del SIDA/VIH. Una de las agencias participantes nos ha pregaprado esta encuesta para el que quiera participar. Ninguna informacion personal ha sido o sera dada; esta encuesta sera totalmente anonima y confidencial. No se tardara mas de unos cuanots minutos en llenarla. Al terminar de llenar esta encuesta, por favor de regresarla en el sobre con timbre ya pagado. Completando esta encuesta y regresandola, usted esta de acuerdo en participar en este estudio y agradecemos mucho su ayuda y colaboracion.

Su punto de vista, opiniones, e informacion son totalmente confidenciales y son MUY IMPORTANTE para la ayuda a mejorar el Servicio Educacional para la prevencion del SIDA/VIH que hay alrededor del estado de Kansas este proximo año. Si necesitas ayuda para llenar la encuesta por favor localizar al Instituto "Jones Educational Excellence" al telefono (877) 378-5433. Para otras preguntas o interes puede hablar con el Dr. Brian W. Schrader al telefono (620) 341-5818.

Una forma de agradecerle por participar en este estudio, estamos regalando un certificado de \$20 para Wal-Mart a las primeras 25 personas que regresen la encuesta completa. Tambien, las personas que regresen esta encuesta para el 18 de Octubre, del 2002 participaran en tres rifas, regalando en cada una certificados de Wal-Mart por \$260 dolares. Nadamas corte el papel de abajo (cupon) y ponga su nombre y direccion donde le podremos mandar su certificado si gana, incluyalo en el sobre junto con la encuesta en el sobre con el timbre ya pagado. Le aseguramos que el cupon sera separado de la encuesta tan pronto como la recibamos, pues su confianza es muy importante para nosotros. Los ganadores recibiran su premio por correo.

Muchas gracias por participar!

Brian W. Schrader, Ph.D., Needs Assessment Researcher

Cortar este cupon, llenarlo, y mandarlo junto con su encuesta para entrar a las rifas de los certificados, este cupon sera separado de su encuesta para cuidar su confianza tan pronto como la recibamos

Nombre: _____ Direccion: _____

Client Survey (Spanish)

Encuesta para el Estudio de la Educacion del SIDA/VIH Kansas 2002

Todas las respuestas seran mantenidas anonimas y confidenciales.

Por favor de escribir el nombre de la orgaizacion/agencia/programa que le dio esta encuesta, la direccion y la ciudad donde esta organizacion/agencia/programa se encuentra.

Nombre: _____

Direccion: _____ Ciudad: _____

CARACTERISTICAS DE LA ORGANIZACION/ AGENCIA/ PORGRAMA

Para cada pregunta circule el numero que mejor describa la agencia que nombro arriba usando la siguiente escala:

5 = Excelente 4 = Buena 3 = Mas o Menos 2 = Mal 1 = Muy Mal

Tambien puede circular N/A (No Aplicable) si no sabe la respuesta, o la pregunta no aplica.

1) Calidad de los Servicios a Prevencion del VIH	5	4	3	2	1	N/A
2) Amabilidad y Cortecia de los Trabajadores	5	4	3	2	1	N/A
3) Estacionamiento Disponible	5	4	3	2	1	N/A
4) Trasportacion Publica al Alcanze	5	4	3	2	1	N/A
5) Cerca de donde usted vive	5	4	3	2	1	N/A
6) Cuidado de ninos disponible	5	4	3	2	1	N/A
7) Servicios de Interprete/Traductor disponibles	5	4	3	2	1	N/A
8) Trabajadores Profecionales y bien Entrenados	5	4	3	2	1	N/A
9) Servicios y Citas puntuales	5	4	3	2	1	N/A
10) Proveen mucha Informacion del SIDA/VIH	5	4	3	2	1	N/A
11) Proveen exámenes para el VIH	5	4	3	2	1	N/A
12) Ayuda a los pacientes para llegar a su agencia	5	4	3	2	1	N/A
13) Confidenciales y les tiene Confianza	5	4	3	2	1	N/A
14) Tiene Buena reputacion en la comunidad	5	4	3	2	1	N/A
15) Buena Promocion de los servicios	5	4	3	2	1	N/A
16) Asisten con casos de la Gerencia	5	4	3	2	1	N/A
17) Proveen con grupos y juntas de apoyo	5	4	3	2	1	N/A
18) Se Llevan bien con otros	5	4	3	2	1	N/A
19) Buena variedad de servicios accesibles	5	4	3	2	1	N/A
20) Servicios gratuitos o a bajo precio	5	4	3	2	1	N/A

21) Cual TRES características son las mas importantes para usted de la agencia que proporciona los Servicios del SIDA/VIH?

a) _____ b) _____ c) _____

SERVICIOS DEL VIH

Para cada Servicio del VIH nombrado abajo, círcule S (SI) o N (No) si lo esta usando ahora Y si SI, como clasificaria los servicios actuales en la siguiente escala:

5 = Excelente 4 = Bien 3 = Mas o Menos 2 = Mal 1 = Muy Mal

Tambien, círcule S (SI) o N (NO) en la ultima columna si le gustaria que ofrezcan estos servicios en un futuro en su agencia.

22) SERVICIOS DEL VIH	Lo uso ahora	CLA	SI	FI	CA	CI	ON	Quisiera que fuera afrecido
Examen del VIH	Y N	5	4	3	2	1	N/A	Y N
Consejos sel SIDA/VIH	Y N	5	4	3	2	1	N/A	Y N
Servicios Medicos y esaminaciones Fisicas	Y N	5	4	3	2	1	N/A	Y N
Telefono las 24 horas	Y N	5	4	3	2	1	N/A	Y N
Servicios basados en el hogar	Y N	5	4	3	2	1	N/A	Y N
Informacion de la Seguridad Social, y la Descriminacion	Y N	5	4	3	2	1	N/A	Y N
Sitios de Pruebas Movibles	Y N	5	4	3	2	1	N/A	Y N
Servicios Dentales	Y N	5	4	3	2	1	N/A	Y N
Terapias Experimentales	Y N	5	4	3	2	1	N/A	Y N
Ayuda con casos de Aseguranza	Y N	5	4	3	2	1	N/A	Y N
Servicio en abuso de substancias	Y N	5	4	3	2	1	N/A	Y N
Servicios de ayuda mental	Y N	5	4	3	2	1	N/A	Y N
Buena educacion del SIDA/VIH	Y N	5	4	3	2	1	N/A	Y N
Lecturas y Folletos del SIDA/VIH	Y N	5	4	3	2	1	N/A	Y N
Condomes gratis	Y N	5	4	3	2	1	N/A	Y N
Distribucion gratis de jeringas y abujas	Y N	5	4	3	2	1	N/A	Y N
Cambio de abujas	Y N	5	4	3	2	1	N/A	Y N
Programas excedibles a la calle	Y N	5	4	3	2	1	N/A	Y N
Seminarios sobre el sexo	Y N	5	4	3	2	1	N/A	Y N
Servicios de transporte	Y N	5	4	3	2	1	N/A	Y N
Ayuda en casos Legales	Y N	5	4	3	2	1	N/A	Y N

SERVICIOS DEL VIH (continuacion)

Para cada Servicio del VIH nombrado abajo, circule S (SI) o N (No) si lo esta usando ahora Y si SI, como clasificaria los servicios actuales en la siguiente escala:

5 = Excelente 4 = Bien 3 = Mas o Menos 2 = Mal 1 = Muy Mal

Tambien, circule S (SI) o N (NO) en la ultima columna si te gustaria que ofrezcan estos servicios en un futuro en tu agencia.

23)SERVICIO DEL VIH	Lo uso ahora	CLA	SI	FI	CA	CI	ON	Quisiera que fuera
Ayuda en busqueda de Trabajo	Y N	5	4	3	2	1	N/A	Y N
Alimentos llevados a casa	Y N	5	4	3	2	1	N/A	Y N
Grupos de ayuda para mi	Y N	5	4	3	2	1	N/A	Y N
Grupos de ayuda para mis familiares y amigos	Y N	5	4	3	2	1	N/A	Y N
Ayuda con el costo de Medicamentos	Y N	5	4	3	2	1	N/A	Y N
Programa de 12-pasos	Y N	5	4	3	2	1	N/A	Y N
Ayuda Financiera para Casos de Emergencia	Y N	5	4	3	2	1	N/A	Y N
Supervicion de casos	Y N	5	4	3	2	1	N/A	Y N
Websites de la Agencia	Y N	5	4	3	2	1	N/A	Y N

INFORMACION DEL SIDA/VIH

Cual de los metodos de abajo es el mejor para dar mas informacion sobre el VIH y el SIDA al publico? Circule S (SI) si es un metodo eficaz o N (NO) si el metodo no es eficaz. Tambien, circule S (SI) o N (NO) si te gustaria saber nueva informacion sobre el VIH y el SIDA a travez de este metodo.

24) METODO	Metodo Eficaz	Si uso este metodo	METODO	Metodo eficaz	Si uso este metodo
<i>Comerciales en la TV</i>	Y N	Y N	Anuncios por el radio	Y N	Y N
<i>Direcciones electronicas</i>	Y N	Y N	<i>Folletos</i>	Y N	Y N
<i>Boca en boca</i>	Y N	Y N	<i>Por correo</i>	Y N	Y N
<i>Anuncios en los Periodico</i>	Y N	Y N	<i>Anuncios el Revistas</i>	Y N	Y N
<i>El la clinica Medica</i>	Y N	Y N	<i>Doctor o enfermera</i>	Y N	Y N
<i>Programas al alcanze</i>	Y N	Y N	<i>Seminarios o talleres</i>	Y N	Y N
<i>Telefono las 24 horas</i>	Y N	Y N	<i>Educacion del Sexo</i>	Y N	Y N

PREGUNTAS

25) Cuantas diferentes agencias/ programas/ organizaciones conoce que proporcione los servicios para la prevencion del VIH en su condado? _____

26) Si un amigo necesitara hacerse un examen del VIH, donde le diria que fuera?

27) Usted siente que el estado de Kansas hace un buen trabajo en el abastecimiento de los servicios para la prevencion del VIH? _____

28) Que factores evitan que la gente use servicios de la prevencion del VIH en su condado?

29) Que puede hacer el estado de Kansas para mejorar sus servicios para la prevencion del VIH?

30) Usted apoyaria la prueba obligatoria del VIH para los internos en prision?

31) Que se puede hacer para reducir el comportamiento aventurado de la gente que conduce a contraer VIH y aumentar su deseo de examinarse? _____

32) En que condado vive usted? _____

33) Cual es su afiliacion religiosa? _____

INFORMACION DEMOGRAFICA

Para cada pregunta, por favor circule la mayor respuesta.

34) Cual es su genero?	<i>Masculino</i>	<i>Femenino</i>	<i>Transexual</i>		
35) Cual es su edad?	<i>Menos de 18</i>	<i>18-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>
	<i>50-59</i>	<i>60-69</i>	<i>Mas de 70</i>		
36) Cual es su nacionalidad ?	<i>Caucasian/ Blanco</i>	<i>Africano- Americano</i>	<i>Hispano/ Latino</i>	<i>Asiatico</i>	<i>Nativo Americano</i>
	<i>Eskimo/Nativo Alaskan</i>	<i>Mexclado</i>	<i>Otro</i>		
37) Cual es su orientacion sexual?	<i>Heterosexual</i>	<i>Homosexual (gay/lesbiana)</i>	<i>Bi-Sexual</i>	<i>Dos-espiritus</i>	<i>Otro</i>
38) Cual es su nivel de educacion mas alta?	<i>No termine la preparatoria</i>	<i>Diploma de la preparatoria o GED</i>	<i>Algo de Universidad o educacion vocacional</i>	<i>4-Anos en licenciatura</i>	<i>Estudiante Graduado (Master's o Ph.D.)</i>
39) Cual es su ganancia actual?	<i>Menos de \$10,000 al año</i>	<i>\$10,000-\$19,999 al año</i>	<i>\$20,000-\$29,999 al año</i>	<i>\$30,000-\$39,999 al año</i>	<i>\$40,000-\$49,999 al año</i>
	<i>\$50,000-\$59,999 al año</i>	<i>\$60,000-\$69,999 al año</i>	<i>\$70,000-\$79,999 al año</i>	<i>\$80,000-\$99,999 al año</i>	<i>Mas de \$100,000 al año</i>
40) Cual es su estado de empleo	<i>Sin empleo (no juvilado, ni invalido)</i>	<i>Sin empleo (pero estoy buscando)</i>	<i>Part-Time < 36 horas a la semana</i>	<i>Full-Time 36+ horas a la semana</i>	<i>Invalido</i>
	<i>Juvilado</i>	<i>Voluntario</i>	<i>Otro</i>		
41) Cual es el estado de su pareja?	<i>Soltero</i>	<i>Divorciado o Separado</i>	<i>Viudo</i>	<i>Casado</i>	<i>Viven juntos</i>
42) Quien vive en su casa? (Circule todos los que aplican)	<i>Vivo solo</i>	<i>Esposo/pareja</i>	<i>Hijos</i>	<i>Padres</i>	<i>Compañeros de cuartos</i>

INFORMACION ESTATAL

Para cada declaracion, circule SI o NO.

43) Deves en cuando uso drogas ilegales.	SI	NO
44) He tenido 6 o mas parejas sexuales diferentes en el ultimo año.	SI	NO
45) Practico regularmente el sexo seguro (ejemplo., uso condones)	SI	NO
46) Tengo problemas de abuso al tomar.	SI	NO
47) He estado examinado para el SIDA/VIH.	SI	NO
48) Me han diagnosticado con el VIH+.	SI	NO
49) He contraído el SIDA.	SI	NO
50) Soy un alcoholico o drogadicto en recuperacion	SI	NO
51) Tengo al alcance una computadora con Internet.	SI	NO
52) Estoy sin hogar (Vivo en las calles).	SI	NO
53) En veces recibo dinero, drogas, comida o techo a cambio de tener relaciones con otro.	SI	NO
54) La mayoría de mi familia apoya mi forma de vida?	SI	NO

Muchas gracias por participar en esta encuesta!

Sus respuestas seran muy utiles en mejorar los servicios para la prevencion del VIH!